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By Lavinia L. Dock

A TEXT-BOOK OF MATERIA MEDICA FOR NURSES. Fifth Edition, Revised and Enlarged. Cr. 8vo.

HYGIENE AND MORALITY.

A Manual for Nurses and Others, Giving an Outline of the Medical, Social, and Legal Aspects of the Venereal Diseases. 12°.

A HISTORY OF NURSING. In collaboration with M. A. Nutting. 4 vols. 8vo. Each fully illustrated.

Vols. I. and II. The Evolution of the Methods of Care for the Sick from the Earliest Times to the Foundation of the First English and American Training Schools for Nurses. Two vols. with 80 Ills.

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A SHORT HISTORY OF NURSING. A condensation of the four volumes of the larger history of nursing.

Hygeia
Goddess of Health

A History of Nursing

The Evolution of Nursing Systems from the Earliest Times to the Foundation of the First English and American Training Schools for Nurses

By

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In Two Volumes

Volume One

Illustrated

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To

All Members of the

Nursing Profession

PREFACE

THE sources of information relating to the history of nursing from early times are so fragmentary, so widely scattered, and, often, so hidden in material of quite other character, that it has been practically impossible for the majority even of those most interested to inform themselves, beyond a meagre general outline, upon the past of nursing and its conditions.

As a result of this paucity of literature upon the subject, the modern nurse, keenly interested as she is in the present and the future of her profession, knows little of its past. She loses both the inspiration which arises from cherished tradition, and the perspective which shows the relation of one progressive movement to others. Only in the light of history can she clearly see how closely her own calling is linked with the general conditions of education and of liberty that obtain —as they rise, she rises, and as they sink, she falls.

It has long been the deep desire of the two collaborators in this work, that the touching and

often heroic history of nursing should not remain unknown to our modern order. For fifteen years the one has patiently collected material relating to nursing and its history, while the other has devoted her entire time for two years to searching libraries at home and abroad.

In executing our task, we have been aware of our shortcomings, and this the more keenly as we complete our first volumes; yet perhaps the spirit of devotion in which we have worked may partly excuse both the defects that we are conscious of and possible errors of which we are unconscious.

We have tried, however, to quote only from authors of recognised authority and to penetrate as closely to original sources as possible.

Rather than condense excessively or omit detail in the earlier chapters, we have thought it best to stop on the threshold of the modern era, which could not possibly receive justice in two small volumes. It is our purpose, if this first effort is well received, to attempt, later, an account of the development of modern nursing, including, as it does, important and dramatic movements in almost every country, actual revolutions in Germany and France, the awakening of Italy, and the wonderful rise of Japan to high eminence.

Our sincere thanks are due to many who have assisted us, among whom we must especially mention Dr. Robert Fletcher of the Army Medical Museum in Washington, the Sisters of St. Joseph in Montreal, and the Sisters of the Hôtel-Dieu of

Quebec. We wish also to record the cordial and generous response made by all of those medical men whose writings we have utilised.

M. A. N.
L. L. D.

August, 1907.

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PART I

PRE-CHRISTIAN PERIOD

A HISTORY OF NURSING

INTRODUCTION

THE art of nursing, at once the oldest of the occupations of women and the youngest branch of medical science, must have been coexistent with the first mother who performed for her little ones all those services which made it possible for them to live and thrive. The daily and hourly details of feeding, warming, and protecting from harm, the watching by night, the rhythmical swing of cradle or bough under the mother's eye—these maternal cares, as old as or even older than the human race, laid the foundation from which our profession of nursing has developed to its structure of to-day.

In studying the origin of traits and customs, it is necessary to consider not only the human family, but also the far older races of birds and mammals among which arose the first dawning traces of parental love, kindness, and mutual aid; for researches into the history and evolution of man must remain incomplete unless they are closely

connected with studies of those lower orders of creation to which he is related. Primitive peoples have always credited the birds with the possession of a knowledge vaster than that of man, and surely no one can study their migrations and flights, their marvellously constructed nests, the care of their little ones, and the purity and sweetness of their family life, without wonder and admiration. The well-developed and intelligent quality of mother love and care in the higher animals is well known to every observer, often appearing, indeed, as far as one can judge by their actions, in no way inferior, while it lasts, to the love of the primitive mother for her babe. It differs only in duration, for the solicitude of the animal or bird mother for her young ceases with their maturity.

In seeking the origin of those gentler and more humane qualities which make a society possible, most students trace them to the earliest manifestations of maternal or paternal love; and the theory advanced by John Fiske,[1] that the superior progress of the human race is due to the long period of time during which the human infant is helpless and dependent, thus evoking a prolonged and enduring tenderness in the parents, with the resultant superior development of character, is commonly regarded as one of his most important

[1] "On the Part Played by Infancy in the Evolution of Man," in *A Century of Science and Other Essays* by John Fiske, Houghton, Mifflin & Co., 1899, pp. 100-121.

contributions to modern thought. Again, other writers have traced the origin of kindness and gentleness to the earliest attractions of sex, and instance the life-long pairing and fidelity of some birds and mammals as proofs of the more enduring quality of this form of affection. There is, finally, ages back in the history of our primal ancestry, still another impulse, even more widespread and lasting, and far less personal or individualistic than either of those already mentioned; namely, the social instinct or feeling which is clearly the rudiment of what we call altruism or humanitarianism in the human race. This is the instinct of mutual aid, actually a sense of race preservation, which prompts the protection of the younger and weaker of the herd by the older and stronger, and causes flocks to share the distress or attempt the rescue of the individual in peril.

To Kropotkin, whose scientific knowledge is equalled by his benevolence toward all created beings, we owe the elucidation of this truth, which he expounds most fascinatingly in his *Mutual Aid.*[1] In the introduction he relates his own observations of animal life in the vast regions of Northern Asia, and gives his reasons for holding as erroneous the pessimistic views current as to the "struggle for existence." "In all these scenes of animal life which passed before my eyes," he writes, "I saw Mutual Aid and Mutual

[1] *Mutual Aid a Factor of Evolution*, by Peter Kropotkin. Wm. Heinemann, London, 1902.

Support carried on to an extent which made me suspect in it a feature of the greatest importance for the maintenance of life, the preservation of each species, and its further evolution." He quotes another Russian scholar, Professor Kessler of St. Petersburg, who in 1880 lectured on this subject and pointed out that "beside the law of Mutual Struggle there is in Nature the law of Mutual Aid, which . . . for the progressive evolution of the species is far more important than the law of mutual contest."

Kropotkin's observations convinced him that those animal tribes whose members assist each other the most have survived the most extensively and are the most capable of survival, and the theory that competition is the predominating law of life, and the "struggle for the means of existence, . . . of every man against all other men, 'a law of Nature,' . . . lacked confirmation from direct observation." The existence of this habit of mutual aid, he shows further, is also true of primitive peoples. Lumholtz, a missionary in North Queensland, in answer to questions put to him by the Paris Anthropological Society, said of the natives: "The feeling of friendship is known among them: it is strong. Weak people are usually supported; sick people are very well attended to; they never are abandoned or killed."[1] Other testimony given to

[1] *Mutual Aid a Factor of Evolution*, by Peter Kropotkin. Wm. Heinemann, London, 1902, p. 92.

the same society regarding the Papuas of New Guinea described them as "sociable and cheerful; they laugh very much. . . They take care of the ill and the old."[1] Feuds, adds Kropotkin, "are more the result of superstition and ignorance, than of competition. When any one falls ill, the friends and relations come together and discuss who might be the cause of the illness. All possible enemies are considered, every one confesses his own petty quarrels, and finally the real cause is discovered. An enemy from the next village has done it, and a raid on that village is decided on." Of the Dyaks of Borneo he says: "They are very sociable, show great respect to their wives, and are fond of their children; when one of them falls ill the women nurse him in turn."

"Historians and annalists," says Kropotkin, "have chronicled wars and calamities, but have paid no attention to the life of the masses or the countless acts of mutual support and devotion."

In attempting to study the history of nursing, which must always have existed in some form, however rude, we find long ages of silence on the subject, doubtless because of this tendency of historians to overlook what was usual and homely. During centuries of the time when some sort of chronicles recorded human progress, there is no mention of nursing as differentiated from empiric medicine. Thus, although we may feel certain

[1] *Mutual Aid a Factor of Evolution*, by Peter Kropotkin. Wm. Heinemann, London, 1902, p. 93.

that some woman always watched beside the sick-bed, our first chapters take us directly to the earliest known methods of practical medicine. There was, without a doubt, an age so remote that medicine and nursing were united in one, and even to-day the Germans describe under the head of "Nursing" all manner of procedures and treatment which might equally well be placed under "Medicine" or "Treatment." In the primitive modes of treatment and the application of remedies now to be seen among savage tribes, no matter whether this treatment is carried out by sorcerers, priests, doctors, or old women, we find examples of the historic ancestry of modern nursing and the earliest forms of the art, but first of all we may consider our lowly "brothers," as St. Francis has called the animals.

CHAPTER I

"FIRST AID" AMONG ANIMALS

NATURAL history, says Berdoe,[1] gives abundant proof that the lower animals subject themselves to appropriate medical and surgical treatment when necessary, and that they not only treat themselves when injured or ill, but also assist each other. Every one has seen cats and dogs eat grasses and leaves which act as emetics and purgatives. Toads and certain larger animals are acquainted with antidotes for poisonous spider and snake bites. All animals show at times a craving for salt, and will go long distances to get it. It acts on them as an aperient, and Berdoe says, "If man had not yet learned the medicinal properties of salt he could discover them by the greedy licking of it by buffaloes, horses, and camels."

Animals lick their wounds, and this earliest and most primitive form of antiseptic dressing is also a natural instinct of man, even in his civilised state. Apes know how to stop bleeding by com-

[1] *The Origin and Growth of the Healing Art*, Edward Berdoe. Swan, Sonnenschein & Co., London, 1893, p. 3.

pression with their fingers, or with pads of leaves or grass. Rats have been known to gnaw off (amputate) the leg of one of their community who was entrapped, to allow it to escape. Certain birds, notably the snipe, know how to treat fractures of the leg, and there are on record numerous instances in which they have applied splints, binding them with grasses put on in a spiral form, and fastening these with a gluey substance or with clay, and have dressed wounds with feathers and moss stuck together with coagulated blood.[1] Wounded deer have been known to travel great distances to reach streams or lakes in order that they might lie with the inflamed wound in the water, and the German revival in the last century of the treatment by wet compresses for certain classes of wounds is said to have been started by a German forester, who, noticing this habit of the deer, concluded that it might also be good practice for human beings. Though a layman, he tried the plan, which was later taken up by German surgeons under the name of the Priessnitz treatment. Bees display much knowledge of the laws of sanitation and hygiene. They ventilate their hives, and enclose the dead which they cannot carry from the hive in a close air-tight covering.

Those who wish to carry their inquiries further along this line can find sources of interesting information which open up the subject of mental

[1] Berdoe, *op. cit.*, pp. 4, 5.

qualities in animals in a most fascinating manner. Whether one chooses to call it instinct, thought, or inherited memory, the fact remains that animals have acquired much practical knowledge of what is good for them, and it is no less true that man also possesses an intuition which guides him in the selection of natural remedies, until he loses or destroys this instinct by abnormal habits or by over-civilisation.

CHAPTER II

CARE OF THE SICK OF PRIMITIVE MAN

THE intuitive knowledge of what makes for health, the common heritage of plant and animal life, with the gradually accumulated experience of the elders handed down by tradition, must have been for long ages the only sanitary guide of primitive man. Our earliest forefathers, constantly exposed to the attacks of wild beasts, must have soon learned methods, crude though they may have been, for the quick and ready handling of wounds. They were the first surgeons. The women must have possessed some rude elementary principles for the care of their children, and the grandmothers, one cannot doubt, gathered herbs and made teas pretty much as they do to-day. Who, that knows the old women of remote mountain regions, can but be certain that the grandmothers were the first doctors and nurses thousands of years ago?

As primal man progressed in his power of receiving impressions, his close intimacy with a Nature which he knew without comprehending coloured all his ideas in a way which, though we now call it su-

perstitious, was in reality most natural and logical. Few modern men have sufficient imagination to put themselves in the position of our earliest ancestors, who felt the cold, the wind, and the heat of the sun; who heard the thunder and the roar of waters; who saw the flowers spring from the earth and the fledglings burst their shells without possessing the slightest inkling of that knowledge of natural science which every one breathes in in the air to-day. He felt himself to be alive; what could he think but that everything was alive? As he saw in others and felt in himself the "soul" (*psyche*, *anima*, or however it may be called), so all things he thought must have souls. In dreams the "soul" was active independently of his body, and as in dreams he saw and handled his weapons, his dogs, his booty, so must their souls also be capable of leaving their material forms. Berdoe says:[1]

There is no doubt that the belief in the soul and in the existence of the spirits of the departed in another world arose from dreams. When the savage in his sleep held converse, as it seemed to him, with the actual forms of his departed relatives and friends, the most natural thing imaginable would be the belief that these persons actually existed in a spiritual shape in some other world than the material one in which he existed. Those who dreamed most frequently and vividly, and were able to describe their visions most clearly, would naturally strive to

[1] Berdoe, *op. cit.*, p. 9.

interpret their meaning, and would become, to their grosser and less poetic brethren, more important personages, and be considered as in closer converse with the spiritual world than themselves. Thus, in process of time, the seer, the prophet, and the magician would be evolved.

These simple but logical beliefs were doubtless strengthened and confirmed by the actual experience of illness. Every one knows how different a sick person is from his usual self. What must an untutored mind think of delirium, of a convulsion, or a chill?

Baas, in his history of medicine, surveying the progressive thought of primitive man as regards sickness, says that in the lowest known stage of development illness was believed to be caused by some other person—an enemy, or perhaps a witch (an old woman). In this stage of mental evolution there was no conception of magicians nor any beginning of a medical caste. The next higher plane of mental capacity is marked by the theory that sickness is caused by spirits, and a third, still higher, intellectual stage is that which postulates special gods of healing, with intermediary priests, who are possessed of a knowledge of medicine.[1] The second stage, which is still found in full activity among many Indian and South Sea tribes, develops the medicine-man or

[1] *Grundriss der Geschichte der Medizin*, by Dr. Johann Hermann Baas, p. 8. Verlag von Ferd. Enke, Stuttgart 1876.

magician ("medicine," among the Indians, meaning anything great, mysterious, or wonderful), who assumes a spiritual mastery over the disease demons and pretends by rites and incantations to be able to expel them from the suffering body. His methods are: to try to make the patient's body an unpleasant dwelling-place for the spirit, and to drive him out by pummelling, squeezing, beating, and starving; by hideous noises, evil smells, and nauseous doses; or he persuades it to go into some other creature's body to take up its abode.[1]

Withington suggests the possibility that the practice of massage originated in this pummelling, and also traces the still prevalent belief in "strong" medicines to its origin in this stage of race childhood.

Tylor, in discussing the phenomena of sickness among primitive tribes, says:

As in normal conditions the man's soul, inhabiting his body, is held to give it life, to think, speak, and act through it, so an adaptation of the self-same principle explains abnormal conditions of body and mind by considering the new symptoms as due to the operation of a second soul-like being, a strange spirit. The possessed man, tossed and shaken in fever, pained and wrenched as though some live creature were tearing and twisting him within, pining as though it

[1] *Medical History from the Earliest Times*, Edward Theodore Withington, M.A., M.B, Oxon. Scientific Press, London, 1894, pp. 11, 12.

were devouring his vitals day by day, rationally finds a personal spiritual cause for his sufferings. In hideous dreams he may even sometimes see the very ghost or nightmare fiend that plagues him . . . such a one seems to those who watch him, and even to himself, to have become the mere instrument of a spirit which has seized him or entered into him. . . .

This is the savage theory of demoniacal possession or obsession, which has been for ages, and still remains, the dominant theory of disease and inspiration among the lower races. . . . When we have gained a clear idea of it in this its original home we shall be able to trace it along from grade to grade of civilisation, breaking away piecemeal under the influence of new medical theories, yet sometimes expanding in revival, and, at least in lingering survival, holding its place into the midst of our modern life. . . . Disease being accounted for by attacks of spirits, it naturally follows that to get rid of these spirits is the proper means of cure. . . . . .

Thus the practice of the exorcist appears side by side with the doctrine of possession, from its first appearance in savagery to its survival in modern civilisation, and nothing could display more vividly the conception of a disease or a mental affliction, as caused by a personal spiritual being than the proceedings of an exorcist who talks to it, coaxes or threatens it, makes offerings to it, entices or drives it out of the patient's body, and induces it to take up its abode in some other.[1]

[1] *Primitive Culture*, by Dr. E. B. Tylor. Murray, London, 1871, vol. ii., pp. 113, 114.

Many medical writers have emphasised the impressive nature of the fact thus noted, that the earliest religious rites of man arose, not over abstract moral ideas, or the questions of a future life, but through the afflicting reality of sickness and disability, which must have been to our ancestors the worst of calamities. Andrew Lang says, "Untutored people invariably confound medicine with magic." [1] The sick-bed was the cradle of the earliest and most tenacious superstitions, which even to-day resist the light of true knowledge and break out periodically in the delusions of "healers" and the credulity of the masses toward all forms of quackery. The persistence of the theory of demoniacal possession has indeed had a most melancholy effect on the later history of mankind. It has had its periods of diminution and recrudescence, the former being more marked under polytheism and the latter under monotheism. In ancient Greece and Egypt the treatment of the epileptic and insane was not only humane, but was largely remedial, and the general feeling toward "witches" was one of veneration and awe, not of detestation. This was also true of the ancient Teutons, who revered their "wise women."

The Middle Ages witnessed an acute revival of the belief in malign spirits, which was chiefly manifested in relation to many forms of illness.

[1] *Custom and Myth*, Andrew Lang. Longmans, Green & Co., London, 1885, p. 148.

Through its influence the already miserable lot of the leper was often made still more miserable, and the mentally afflicted, the most pitiable of all human sufferers, were at many periods and in many places believed to be possessed of devils and treated with incredible cruelty, even up to the very dawn of the nineteenth century. Their history forms one of the most tragic chapters in the whole course of human misery.[1]

Another almost incredible result of this monstrous superstition, based on the mysteries of health and sickness, was the persecution of witches. Alexander, an old-fashioned but free-thinking physician, in speaking of the extreme antiquity of the belief in witches, notes the fact that witches were usually feminine, and old.[2] He thinks it difficult to say why, but it seems obvious that the ancient women of early tribes who went out early and late to gather the herbs of which they, more than others, knew the medicinal and remedial secrets, must have been the earliest prototypes of the witch of legend and myth. Nor is it hard to understand how a superstitious feeling might have grown up towards them, for, while the expression of an old man is usually feeble and benign, there is often something truly

[1] See *History of European Morals*, William E. H. Lecky, M. A. D. Appleton Co., New York, 1897, vol. ii., pp.86–90.

[2] *The History of Women from Earliest Antiquity to the Present Time*, William Alexander, M.D. C. Dilly, London, 1782, p. 71.

weird and appalling in the aspect of an old woman.[1]

Witches were believed to have the power of causing wasting sickness or other harm by a look (the evil eye, still firmly believed in in many regions), or by making little images of the victim, or by procuring something which had been a part of the victim's body, as a hair, some nail parings, etc. Many familiar superstitions derived from this belief are to be found to-day. The epidemics of witch-burning, which disgraced European civilisation and even our own, are too well known to recount. In the county of Essex, England, alone, sixty witches were burnt in one year, and Dr. Zachary Grey mentions seeing a list of between three and four thousand witches who had been killed, either by drowning or burning, with cruel tortures. No more remarkable psychological study is possible than that afforded by the writings of Increase Mather,[2] on the hideous insanity which persecuted and burned as witches a number of harmless young and old women in Salem in 1692. His book might well be termed "A Study in Indigestion;" for the profound melancholy which he describes as the device of the devil ("Balneum Diaboli," the devil's bath), saying, "It is confessed that Satan does take

[1] Mason notes this in *Woman's Share in Primitive Culture*, p. 256.

[2] *Remarkable Providences*, by Increase Mather. Reeves & Turner, London, 1890, p. 7.

great advantage from the ill humours and diseases which are in the bodies of men greatly to molest their spirits,"[1] could only have been caused by prolonged and malignant indigestion. "He who dared to doubt the appearance of ghosts, witches, and goblins, and their power to torment man; and the power of the priesthood over these mysterious tormentors was denounced as an infidel," writes Offer in his preface to this most gloomy and horrible of all psychological revelations. The belief in witches and their power to induce sickness in man or beast is still found in remote country regions and among uneducated people. Indeed a demand for a trial for witchcraft was recently made in Pennsylvania.

As the caste of medicine-men developed there was always to be found associated with them an inferior or empirical class of practitioners, who applied the treatment, ascertained the qualities of drugs, became skilful in dressing wounds, in nursing, and even in abating fevers.[2] These were often, or perhaps always, as Mason suggests, the women of the tribes, with their practical knowledge of drugs and appliances.[3] The medicine-men, who doubtless themselves had a

[1] *Remarkable Providences*, by Increase Mather, Reeves & Turner, London, 1890, p. 186.

[2] *Woman's Share in Primitive Culture*, Otis Tufton Mason, A.M., Ph.D. D. Appleton & Co., New York, 1894, p. 150.

[3] "The first empiric physicians were not the Sorcerers, but the Herb women. They gathered the first Materia Medica." *Ibid.*, p. 278.

good knowledge of herbs, including poisons, cultivated an air of dignity and reticence, assumed wisdom, and spoke in a language not understood by the laity. A point that is not clear from the nursing standpoint is the exact relation of the sorcerer and the empirical associate to each other. If the old woman or other assistant received from the medicine-man orders for the treatment of the patient, then the relation was that of physician and nurse. If on the other hand the attendant (man or woman) prescribed the baths and herbs while the sorcerer limited himself to incantations, then the two may be regarded as symbolising the theory and practice of medicine, the latter including the yet unspecialised department of nursing.

The difference between a baleful and a beneficent use of knowledge was early recognised and distinguished by the terms "black" and "white" magic. This distinction lasted through the Middle Ages. Thus the mythology of Finland, which is very ancient, alludes to the two classes—there were those who practised "white magic" by means of learning and benevolence, and those who practised "black magic" with the aid of evil spirits, poisons, and malice. The magic of Finland was largely medical.[1]

The practical nursing among savage tribes, so far as certain kinds of treatment go, is not to be despised. Many can dress wounds, rub and

[1] Berdoe, *op. cit.*, p. 15.

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apply friction and counter-irritation skilfully, and reduce fever with drinks and applications of water. All savage tribes have a good knowledge of massage (as for instance the *lomi-lomi* of the Sandwich Islanders), and the old women are familiar with hot fomentations and their uses, and know how to make many diaphoretic and relaxing teas and brews. The use of the sweat-bath is well known to them and is important. The omnipresent sweat-house of the aborigines is thus described by Smith[1]:

> Sometimes they are troubled with dropsies, swellings, aches, and such like diseases; for cure whereof they build a Stoue in the forme of a Roue-house with mats, so close that a few coales therein, covered with a pot, will make the patient sweat extremely.

Before going into the dance the men, or at least the leaders, fasted for twenty-four hours, and then at sunrise entered the sweat-house for the religious rite of purification preliminary to painting themselves for the dance. The sweat-house is a small circular framework of willow branches driven into the ground and bent over and brought together at the top in such a way that when covered with blankets or buffalo robes the structure forms a diminutive round top *tipi* just high enough to enable several persons to sit or stand in a stooping posture inside. The doorway faces the east, as is the rule in Indian structures, and at the distance of a few feet in front

[1] *13th Annual Report of the Bureau of Ethnology*, by I. W. Powell, Washington, 1896, p 19.

of the doorway is a small mound of earth, on which is placed a buffalo skull, with the head turned as if looking into the lodge. The earth of which the mound is formed is taken from a hole dug in the center of the lodge. Near the sweat-house, on the outside, there is frequently a tall sacrifice pole, from the top of which are hung strips of bright-colored cloth, packages of tobacco, or other offerings to the deity invoked by the devotee on any particular occasion.

The sweat-bath is in frequent use, both as a religious rite of purification and as a hygienic treatment. Like everything else in Indian life, even the sanitary application is attended with much detail of religious ceremony. Fresh bundles of the fragrant wild sage are strewn upon the ground inside the sweat-house, and a fire is kindled outside a short distance away. In this fire stones are heated by the medicine-men and when all is ready the patient or devotee, stripped to the breech-cloth, enters the sweat-house. The stones are then handed in to him by the priests by means of two forked sticks, cut especially for the purpose, and with two other forked sticks he puts the stones into the hole already mentioned as having been dug in the center of the lodge. Water is then passed in to him, which he pours over the hot stones until the whole interior is filled with steam; the blankets are pulled tight to close every opening, and he sits in this aboriginal Turkish bath until his naked body is dripping with perspiration. During this time the doctors outside are doing their part in the way of praying to the gods and keeping up the supply of hot stones and water until in their estima-

tion he has been sufficiently purified, physically and morally, when he emerges and resumes his clothing, sometimes first checking the perspiration and inducing a reaction by a plunge into the neighbouring stream. The sweat-bath in one form or another was common to almost every tribe in the United States, but as an accompaniment to the Ghost dance it seems to have been used only by the Sioux. The Ghost dance sweat-house of the Sioux was frequently made sufficiently large to accommodate a considerable number of persons standing inside at the same time.[1]

Bleeding and cupping for the relief of pain are both practised in savage tribes. The Indians open abscesses with sharp flints, and amputate limbs with hunting knives, checking the hemorrhage with hot stones.[2] The remains of prehistoric man show skulls of the neolithic age that have been trephined,[3] and the South Sea Islanders practice trephining now. There are tribes in Australia that perform ovariotomy, and an English traveller has seen a Cæsarian section performed by a native of Central Africa[4] Perhaps one of the most interesting of all of the discoveries of primitive man in the realm of practical medicine is that of the inoculation for small-pox, which has been known to certain savage tribes since time immemorial. Livingston and Bruce have re-

[1] *14th Annual Report of the Bureau of Ethnology.* Washington. 1896, part i., pp. 822–823

[2] Berdoe, *op. cit.*, p. 42.

[3] Withington, *op. cit.*, p. 7.

[4] Berdoe, *op. cit.*, p. 45.

ported that the Hottentots and other tribes of Central Africa have this knowledge, and that in Nubia it has been practised by old negresses from remote antiquity. But, efficient as savages are in many ways in meeting the conditions of their lives, we have only to know of the condition of the sick in the huts of the Laplanders, the cots of the Irish peasant, and the cabins of mountaineers to realise how far from providing even the most elementary conditions of comfort for the sick were the primal forms of nursing and medicine.

CHAPTER III

INDIA

WE have seen that the earliest thoughts of primitive man personified all that he saw in nature; that, to his simple and objective mind, even material objects were animate with a life similar to his own; that the phenomena of nature were his greatest mysteries, and that his first mystic rites clustered about the treatment and cure of illness and the preservation of health, the chief of blessings. Hence, it is a logical sequence to find that nature-worship was the basic principle on which the mythologies and religions of the ancient civilisations were founded. The many gods of ancient times, so innumerable, bewildering, and often repulsive when regarded without the key to their meaning, are simple and real when it is remembered that they were all originally nature gods, or simply external forces of nature or attributes of the physical and intellectual man symbolised and personified.

There is no more fascinating study than comparative mythology, wherein one learns to recognise the nature-myths of different lands as the same, with only the differences of names or such

details as are due to variations of climate or the physical conditions of the earth. The sun, early recognised as the source of all energy; the sea with its mysterious depths; the still more inexplicable interior of Mother Earth, from which issued volcanic fire and pure springs of water; the death of winter and the resurrection of springtime; the generative power evident in all nature—all were objects of veneration, worship, and personification. Examples of this personification still exist in fairy tales.[1] It is quite indispensable to remember this if one wishes to interpret rightly medical myths and the close relation of ancient medicine to mythical deities. It is not easy for modern folk, who have so largely separated their religion from their daily practical life, to realise how closely related to every act of life nature-worship must have been. The occupation of agriculture developed the loveliest and most poetic side of the old myths; the study of sickness, with its resultant demonology, led at times to the gloomiest and most dreadful. Of old, as to-day, the progress of medical hierarchies came through the patient study of nature, and an ever growing practical acquaintance with her laws and truths steadily contributed to the enlightenment of the priest-physicians. The union of theory and practice still continued to be typified in the orders of priest-scientists, of whom one took the more

[1] *Red Riding Hood*, the *Sleeping Beauty*, all dragon stories, are summer and winter or day and night myths.

religious, the other the more practical duties of the healing art.

Through the researches of modern scholarship, the deciphering of ancient records, and the excavation of long buried cities of early civilisations, floods of light are being thrown into the dim vistas of history, and in this light the people of antiquity appear before the student, no longer as shadows or as pictures cut in a rock, but as human beings of intimate acquaintance and naturalness. No longer strangers or aliens, the ancient Hindoo, Egyptian, and Greek are seen to have had the same works of mercy, the same impulses of humanity, and the same aspirations toward realised goodness that modern races are conscious of, and that have been too often denied as characteristics of the long unknown and countless masses of humanity too commonly termed "heathen."

Thousands of years before the Christian era the regions of Central Asia were the abodes of advanced civilisations. India, the home of architectural beauty, the source of music and the sciences, whose sacred Vedas are older than any other writings on the surface of the earth,[1] who invented the decimal system, and made vast discoveries in geometry and trigonometry, and whose astronomical observations dating from 3000 B.C. are still extant, was peopled by a race "well versed in war and politics, bright, clever, merciful,

[1] *A Short History of Aryan Medical Science*, by Bhagvat Sinh Jee. London and New York, 1896, pp. 14–26.

righteous." Here the man was "devoted to the protection of his family," and the woman "held a high social position." Here the belief prevailed "that creation had a maker who was eternal and without cause, and that there was originally no sin or disease. How easily might these words, "sin" and "disease," be held to be synonymous! The Vedas speak of God as the "first Divine Physician" and thus address Him: "I hear thou art the best among physicians."

As man fell away from his primal purity and disease shortened his life, Brahma, in pity for his sufferings, gave him the *Ayur-Veda*, the books that treat of the prevention and cure of disease, and the twin brothers, children of the Sun—the life- and health-giver—were the divine physicians who first practised medicine and surgery. Such is the legend in outline. The books of the *Ayur-Veda* are not legendary but real, and are in eight parts, treating of major and minor surgery and bandaging, of diseases of all parts of the head (nervous diseases), of medical diseases, demoniacal possessions (insanities), children's diseases, poisons and their antidotes, materia medica, and genito-urinary diseases. Charaka and Susruta, real personages about whom many myths have clustered, were the most distinguished among physicians and surgeons. Susruta is said to have lived fourteen centuries B.C.[1]; Charaka, probably about

[1] *Medicine in Ancient India*, by Surg. General C. A. Gordon, M.D. London, 1887, p. 10.

320 B.C.[1] The wisdom of the serpent-god with the thousand heads, who was the depository of all the sciences and especially of medicine, was supposed to be incarnated in Charaka.

The association of the serpent with medical science and healing is interesting. From the earliest ages, and in all nations, the serpent was venerated as the symbol of wisdom, as having the power of discovering healing herbs, and, because of the casting of its skin, it was also revered as the emblem of immortality.[2] But Tylor in his *Primitive Culture* says that this last idea is of later origin than the time of the Hindoo civilisation.[3]

The ancient Hindoos believed that the prevention of disease was more important than the cure, and their medical works contain innumerable rules of hygiene. From immemorial times inoculation was practised for small-pox, as in other old nations. Massage was in constant use as a health measure, and there were female practitioners of massage for women. Every Hindoo was

[1] Jee *op. cit.*, p. 33.

[2] *Ibid.*, p. 32.

[3] "Of all forms of animal worship that of the serpent was most widespread. It existed in every land, while other animals only had local worship. The snake was the soul-receptacle, in which dwells the soul of ancestors (as in India and Rome), or it has the healing and mantic power of wisdom (Babylon and Greece), or was an evil spirit,—a world-snake or dragon. Perhaps most fundamental is the connection between serpents and the treasures which they guard." *Internat. Encyc.*, art. "Nature Worship."

required to bathe at least once a day, and all the daily duties were made into religious observances. "After early rising, even before sunrise," says the ordinance of Manu, "let him void feces, with covered head, bathe, decorate his body, clean his teeth, apply collyrium to his eyes, and worship the gods." The cleansing of teeth was done twice a day with a stick cut from certain tonic or astringent plants, "with care not to hurt the gums." The tongue was to be cleansed with a curved, blunt scraper made of gold, silver, or other metal, and many quaint instructions were given: "The wearing of clean apparel, perfumes, and garlands is agreeable, productive of fame and longevity, dispels distress and ill-luck, contributes to cheerfulness, adds to beauty, makes one worthy of going to respectable assemblies, and is otherwise auspicious."[1] The ethical teaching of the Hindoos directed toward securing a favourable prenatal influence is so pure and noble that few modern nations stand, in this regard, on so high a plane.[2] The lying-in room was to be clean, with ventilators in the north or east wall, and the midwives were to be trustworthy, skilled in their work, and to have their nails cut short. Also the knowledge of contagion is assumed in the maxim "It is not safe to put on clothes, shoes, or garlands worn by others."

There are more details of nursing to be found in

[1] *Charaka-Samhita*, translated by Avinash Chandra Kaviratna, Calcutta, no date, p. 60.

[2] See Jee, *op. cit.*, p. 78.

the Hindoo records than in other ancient chronicles. Lesson IX of *Charaka-Samhita* gives this interesting exposition:

The Physician, the Drugs, the Nurse, and the Patient constitute an aggregate of four. Of what virtues each of these should be possessed, so as to become causes for the cure of disease, should be known.[1]

Physician.—Thorough mastery of the scriptures, large experience, cleverness, and purity (of body and mind) are the principal qualities of the physician.

Drugs.—Abundance of virtue, adaptability to the disease under treatment, the capacity of being used in divers ways, and undeterioration are attributes of drugs.

Nurse.—Knowledge of the manner in which drugs should be prepared or compounded for administration, cleverness, devotedness to the patient waited upon, and purity (both of mind and body) are the four qualifications of the attending nurse.

Patient.—Memory, obedience to direction, fearlessness, and communicativeness (with respect to all that is experienced internally and done by him during the intervals between visits) are qualities of the patient.

As in the task of cooking, a vessel, fuel, and fire are the means in the hands of the cook; as field, army, and weapons are means in the victor's hands for achieving victory in battles; even the patient, the nurse, and drugs are the objects that are regarded as the physician's means in the matter of achieving a cure.

Like clay, stick, wheel, threads, in the absence of

[1] Translator's note: "In India the 'Nurses' mentioned are always males or, in rare cases only, females."

the potter, failing to produce anything by their combination, the three others, viz., drugs, nurse, and patient, cannot work out a cure in the absence of the physician.[1]

In the primal village communes of the ancient Hindoos, among the administrative officials there was always the physician or health officer, and among the establishments pertaining to or maintained at the expense of these village communities were institutions of the nature of hospitals for the reception and treatment of sick travellers and the animals belonging to them. To each hospital so established medical specialists were appointed.[2] These hospitals were, later on, extended and developed by King Asoka, in the third century B.C. A description of "a proper place in which to care for the sick," as translated from the old books, reads as follows:

In the first place a mansion must be constructed under the supervision of an engineer well conversant with the science of building mansions and houses. It should be spacious and roomy. The element of strength should not be wanting in it. Every part of it should not be exposed to strong winds or breezes. One portion at least should be open to the currents of wind. It should be such that one may move or walk through it with ease. It should not be exposed to smoke, or the sun, or dust, or injurious sound or touch or taste or form or scent. It should be

[1] *Charaka-Samhita, op. cit.*, pp. 102–103.
[2] C. A. Gordon, *op. cit.*, pp. 3–6.

furnished with staircases, with pestles and mortars, privies, accommodation for bedding, and cook-rooms.

After this should be secured a body of attendants[1] of good behaviour, distinguished for purity or cleanliness of habits, attached to the person for whose service they are engaged, possessed of cleverness and skill, endued with kindness, skilled in every kind of service that a patient may require, endued with general cleverness, competent to cook food and curries, clever in bathing or washing a patient, well-conversant in rubbing or pressing the limbs, or raising the patient or assisting him in walking or moving about, well-skilled in making or cleaning beds, competent to pound drugs, or ready, patient, and skilful in waiting upon one that is ailing, and never unwilling to do any act that they may be commanded (by the physician or the patient) to do. A number of men should also be secured that are skilled in vocal and instrumental music, in hymning encomiums and eulogies, conversant with and skilled in reciting verses and pleasant discourses and narratives and stories and legendary histories, clever in reading the face and understanding what is wanted by the patient, approved and liked by him upon whom they are to wait, fully conversant with all the requirements of time and place, and possessed of such politeness as to become agreeable companions. . . .

A cow should also be kept, yielding copious milk, of a quiet disposition, healthy, having all her calves living, well tended with food and drink, and kept in a fold that is properly cleaned. So also should be

[1] Baas, *op. cit.*, p. 41, says that the Vaisyas, or lower caste of two sub-castes of Brahmins, were the nurses.

kept little vessels or cups, larger vessels for washing the hands and face. . . . cloths made of cotton and wool, strings and cords, beds and seats, vessels called Bhringāras full of water, and flatter vessels for holding spittle and evacuations, all placed ready for use; good beds placed upon bedsteads and overlaid with white sheets, and containing pillows, for use when sleep is needed, . . . plasters, fomentations, . . . and diverse kinds of instruments, domestic and surgical. Smoking tubes, . . . brushes and brooms, balances and weights, measuring vessels and baskets, . . . emetics and purgatives, and articles that are both emetics and purgatives, those that are astringent, that increase the appetite, promote digestion, cool the system and destroy the wind, should be kept ready. Besides, such other articles should be kept ready as may be needed in view of other anticipated evils. Other things, again, that may conduce to the ease, comfort, and happiness of the patient, should similarly be kept ready . . . .[1]

"In India, as elsewhere," says Jolly,[2] "the physician is the descendant of the exorciser and magician." He points out further the similarity between the medicine of the ancient inhabitants of India, the North American tribes, the ancient Romans, Germans, and other primitive or barbarous folk. But the Hindoo physician had arrived at a highly scientific state ages before the Christian era. The permission of the king was necessary for the practice of medicine, "for

[1] *Charaka-Samhita, op. cit.*, part vi.

[2] *Grundriss der Indo-Arischen Philologie, Band* iii., *Heft* 10, Strassburg, 1901, art. "Medizin," by Julius Jolly, p. 16.

otherwise quacks will ply their trade throughout the kingdom and become a nuisance." Their ideal physician was not inferior to the ideal of to-day:

The physician shall keep his hair and nails short; bathe daily and wear white garments, shoes, and carry a cane or an umbrella. So attired, and accompanied by a faithful servitor he shall go forth to his practice, his whole thought concentrated on the healing of the patient, and do him good even at a sacrifice to himself. No thought shall he have for the wives or possessions of others, nor shall he speak abroad of what goes on in the house. . . . The doctor shall treat the patient as he would his own son. [1]

For an operation the room must be clean and well lighted, with a fire burning, on which sweet-smelling substances were to be burned in order to prevent devils (another word for germs?) from entering the patient through the wound.[2] The surgeon must be a rapid and strong operator, and he must neither perspire, shake, nor utter exclamations. The surgeon must take blunt, pointed, and sharp instruments, cautery and flame, cupping appliances and leeches, measures, (for fluids), catheter, cotton, linen, thread, dressings and bandages, honey and melted butter, oil, milk and stimulants, salves, and materials for poultices. There must also be fans, hot and cold water, and receptacles. There must be strong and capable assistants, and the patient must previously have eaten but little. The operation must take place under a favourable constellation, be preceded by a religious ceremony and followed by a long prayer from

[1] Jolly, *op. cit.*, pp. 21–23.

[2] Wise's *Hindu Med.*, p. 184, quoted by Berdoe, p. 103.

the doctor. After the operation the patient is refreshed with cold water. The physician, after washing the wound with drugs, wipes it with linen, covers it with cloths soaked in medicines, lays over that a poultice, then a compress, and finally all is bound with linen and bandaged. After three days a clean dressing is put on.[1]

This would appear to have been the method for a suppurating wound. When stitches were taken the wound was closed well together, covered with linen, and a healing powder was thickly strewn on it. The Hindoos had fifteen principal varieties of bandage, and they invented many operations which are now considered triumphs of modern science.[2]

Their writings deal with gynecology and obstetrics, the new-born, every kind of fever and medical disorder, phthisis, insanity, leprosy, and specialties of the nervous system and senses. Their books mention one hundred and twenty-five surgical instruments, for all manner of operations. They were familiar with many kinds of enemata, and the bulb they invented for this purpose remained the pattern for enema bulbs up to the eighteenth century. It was a leather bag or a bladder with tube of silver, copper, ivory, or gold.[3] Their materia medica was large and they used drugs which produced insensibility in place of anæsthe-

[1] Jolly, *op. cit.*, p. 30.

[2] Berdoe, *op. cit.*, p. 117.

[3] *Ausländische Krankenpflege*, by Dr. med. S. M. Brenning. *Zeitschrift für Krankenpflege*, Berlin, 1905, part i., p. 57.

tics. In observations on the pulse they described twenty varieties. The practice of inoculation for small-pox in India was general, and this was also true of China. The following extract from the writings of Millingen relates the details of its observance:[1]

In Hindostan, if tradition may be relied upon, inoculation has been practised from remote antiquity. The practice was in the hands of a particular tribe of Brahmins, who were delegated from several religious colleges, and who travelled through the provinces for this purpose. The natives were strictly enjoined to abstain during a preparatory month from milk and butter; and, when the Arabians and Portuguese appeared in that country, they were prohibited from taking animal food also. These were commonly inoculated on the arm, but the girls, not liking to have their arms disfigured, chose that it should be done low on the shoulder; and whatever part was fixed upon was well rubbed with a piece of cloth, which afterwards became a perquisite of the Brahmin. He then made a few slight scratches on the skin with a sharp instrument, and took a bit of cotton, which had been soaked the preceding year in variolous matter, moistened it with a drop or two of the holy water of the Ganges, and bound it upon the punctures. During the whole of this ceremony, the Brahmin always preserved a solemn countenance, and recited the prayers appointed in the *Attharna Veda*, to propitiate the goddess who superintended the small-pox. The Brahmin then gave his instruc-

[1] *Curiosities of Medical Experience*, J. G. Millingen, M.D. London, 1839, p. 14.

tions, which were regularly observed. In six hours the bandage was to be taken off, and the pledget allowed to drop spontaneously. Early next morning, cold water was to be poured upon the patient's head and shoulders, and this was to be repeated until the fever came on. The ablution was then to be omitted; but, as soon as the eruption appeared, it was to be resumed, and persevered in every morning and evening till the crusts should fall off. Confinement to the house was absolutely forbidden; the inoculated were to be freely exposed to every air that blew, but when the fever was upon them, they were sometimes permitted to lie on a mat at the door. Their regimen was to consist of the most refrigerating productions of the climate; as plantains, water melons, thin gruel made of rice or poppy seeds, cold water, and rice. . . .

Inoculation appears to have been nearly as ancient as the disease, if we can credit the missionaries who were sent into China by the Church of Rome, and who gained access to the historical records: they have transmitted detailed accounts of the history of the Chinese, and of their knowledge in various branches of science. There is a memoir written on the small-pox by the missionaries at Pekin, the substance of which is extracted from Chinese medical books, and especially from a work published by the Imperial College of Medicine, for the instruction of the physicians of the empire.[1]

The predominance of Buddhism, which was a religion of tenderness and compassion, was contemporary with the height of Hindoo civilisation.

[1] Millingen, *op. cit.*, footnote, pp. 14–15.

The state of the people in the fourth century B.C. is thus described by Gordon from old historians:

> Theft was unknown: the people temperate: falsehood held to be an iniquitous thing: the people enjoyed to a great extent immunity from disease: maturity was early and life prolonged. There was no compulsory or unpaid labor: cultivators lived on their land and paid a share of their produce to the king; food was abundant; roads were good, with sheltering avenues; . . inns and other establishments for strangers were everywhere, including hospitals and dispensaries. At intervals there were rich towns and cities, the houses large and beautiful, the streets well watered, the gardens full of flowers and fruit trees; . . . the people prosperous and happy; none were poor or fed on unclean things.[1]

There may still be seen in India the edicts cut in the rocks in the reign of King Asoka, who died in 226 B.C., directing that hospitals shall be erected along the routes of travellers; that they be "well provided with instruments and medicine, consisting of mineral and vegetable drugs, with roots and fruits"; and also, "Whenever there is no provision of drugs, medical roots, and herbs, they are to be supplied, and skilful physicians appointed at the expense of the State to administer them." The public hospitals were schools of medicine, and the older physicians took the students into their homes. The best era of Hindoo medicine was from 250 B.C. to 750 A.D. Public hospitals were abolished when Buddhism fell,

[1] C. A. Gordon, *op. cit.* p. 22.

750–1000 A.D. With the conquest by the Mohammedans and the subsequent exploitation of the country by foreigners the ancient glory of India faded, and the lower ranks of the people are to-day sunk into deplorable poverty, ignorance, and superstition. Medical missionaries and nurses who have penetrated into the life sufficiently to see the sufferings of the sick, and especially of women, relate experiences which make the accounts of the ancient humane civilisation sound like dreams, and which wring the hearts of all lovers of mankind. The Brahmins believe it to be contaminating to touch blood or morbid matter, and under such doctrines medicine and nursing are doomed to extinction.

CHAPTER IV

CEYLON

BESIDE the records of India stand those of Ceylon, which possesses an equally touching history of beneficent deeds and philanthropy. There, too, an advanced and brilliant civilisation once covered the land with magnificent cities, roads, and temples, and learning was adorned by charity. We are told that the architecture was such that one city, with its gardens and lakes, covered an area of twenty square miles, and was built entirely of white marble. The sacred books of Ceylon,[1] which explain the origin, doctrines, and introduction into the island of Ceylon of the Buddhist religion, treat also of medicine. One gives a description of the effects of different sorts of medicines; another of the different sorts of "choicest medicines." Another treats of foods and their effects; another gives a collection of figures to be worn as amulets when the disease is supposed to have been caused by an evil spirit. Another is called the "First book of the physicians,

[1] *The Sacred Books of Ceylon*, by Edw. Upham. Parbury & Allen, London, 1833.

by which everything about physic may be known." The merciful and beautiful ethics of the Buddhist belief are strikingly shown in these old writings, and explain perfectly the long list of good works which are related in detail and which will be quoted presently. "Sin entered the world by avarice, covetousness, and anger." "The place of happiness is to be secured by charity, with a pure heart," and again and again we find records of "giving all one's treasures to the poor," and of being "equally charitable to all men." But the devils have the power of inflicting sickness, and Guadama Buddha obtained the power of healing it. Of these ancient volumes the second one brings the history of the past down to 540 B.C., so that the great antiquity claimed for the first volume, the Mahāwansè, must be conceded to it.[1] This venerable record is full of references to hospital and nursing work. The King Dootoogameny, being afflicted with a mortal disorder, commanded the scribes to read to him the memorial of the good works he had done, and among many benefactions to the temples and the priests there had been also hospitals built at eighteen different places, and physicians appointed on pay from the King to attend to the sick, and medicines and food supplied for them from the royal stores, according to the prescriptions of the doctors. Many other charitable deeds were done to the needy, and the King, hearing of his benefactions, rejoiced greatly

[1] Upham, *op. cit.*, vol. iii., p. 201.

and said: "All these being done by me during my reign, I am not satisfied with them; but the two almsdeeds which I did while I was in want, and which I performed without regarding my life, I prefer to the whole, and I am satisfied with them." Another king caused great alms to be granted to many priests, including medicinal supplies. "Buddaduwsa succeeded his father," continues the chronicle. "He was charitable and regarded every one with affection like as a father regards his children; he was in the habit of curing diseases." "The King Udanam erected several temples and halls for the sick, and he did many other charities."

King Parackramabahoo "built many large square halls in the midst of the city and kept alms to be distributed yearly . . . and kept almonries at the four gates of the city, which were furnished with several metal vessels, cots, pillows, bedding, and cows yielding milk . . . and great hospitals were built for the use of the sick people, furnishing them with victuals, and [a definite and interesting reference to nursing] slave boys and maidens to wait upon and nourish the sick."[1] He provided also "stores containing abundance of medicaments and other necessary things, and employed learned physicians to attend the patients both day and night, and the King himself in person used to visit them, . . . and being attended by the ministers of the state and other officers he came and advised the physicians,

[1] Upham, *op. cit.*, vol. i., pp. 195–272.

as he himself was properly qualified in the art of physiology, and inquired after the health of the sick, and supplied those who were cured with clothing."[1] These records contain several allusions to priestesses, who are mentioned as being "thousands" in number, but there is nothing to show whether their duties included the care of the sick. Nevertheless the supposition that, like their successors in later European convents, they may have directed and supervised the nursing of the great hospitals, at least in the women's divisions, cannot seem quite visionary.

The ancient Persians were also required by their laws to provide suitable houses for the sick poor in their communities, and the king was expected to furnish the best medical treatment for the inmates free of cost. An epic of early times reveals much about the care of the sick that could otherwise not be discovered of Persian medicine.[2] The epic dates from 224–642 B.C., but was not compiled until later. It mentions three kinds of physicians, those who heal by the knife, those who heal by plants, and those who heal by exorcism and incantations; and there are descriptions of various surgical and medical procedures, some of which belong in the province of nursing, though there is no mention of nurses as such. Dr. Wylie tells us that the modern Parsees

[1] Upham, *op. cit.*, vol. i., pp. 195–272.

[2] *Zur Krankenpflege im alten Persien*, Dr. Paul Horn *Zeitschrift für Krankenpflege*, Berlin, May, 1903, pp. 169–173.

or fire worshippers still continue to build hospitals in the cities, several important ones having been erected in the nineteenth century.[1]

[1] W. Gill Wylie, M.D., *Hospitals, Their History, Organization, and Construction*, (D. Appleton & Co., New York, 1877), p. 11.

CHAPTER V

EGYPT

THE oldest medical records which the modern world possesses are those of Egypt, of whose wonderful old civilisation so much of absorbing interest is being revealed to-day through the labours of archæologists. Like India, ancient Egypt had an extensive knowledge of astronomy, the arts, sciences, and medicine. She named the planets, whose number has become the symbol of mystic power,—the sacred number Seven,—and arranged the calendar in the form in which Cæsar carried it to the West.[1] Thoth, the scribe of the gods and type of divine intelligence, who invented writing and letters, who measured time and was the god of right and truth, cut upon stone pillars the first medical precepts, and these were afterwards transcribed on papyrus and collected into a number of sacred books. Thoth had many points of resemblance with the Greek Hermes, and the mystic writings are called the

[1] *History of All Nations*, edited by John Henry Wright, LL.D., Philadelphia and New York, 1902, vol. i., by Ferdinand Justi, p. 115.

Hermetic books (inspired or compiled by Thoth, Hermes). Isis (Mother Earth) and Osiris (The Day or Light, who "suffered a cruel death at the hands of his brother Set the god of Darkness"),[1] the best known of the Egyptian deities, were regarded as having invented agriculture and the medical arts. Horus, the sun, who typified the conquest of light over darkness, or good over evil, was the son of Isis and Osiris, and learned medicine from his mother, as well as the gift of prophecy. The sacred books were forty-two in number, of which six dealt with medical subjects. Amelia B. Edwards, the Egyptologist, says: "Works on medicine abounded in Egypt from the remotest times, and the great medical library of Memphis, which was of immemorial antiquity, was yet in existence in the second century of our era, when Galen visited the valley of the Nile. The Egyptians seem, indeed, to have especially prided themselves on their skill as physicians, and the art of healing was held in such high esteem that even kings made it their study. Ateta, third king of the first dynasty, is the reputed author of a treatise on anatomy. He also covered himself with glory by the invention of an infallible hair-wash, which, like a dutiful son, he is said to have prepared especially for the use of his mother."[2] The famous papyrus now in the mu-

[1] Revised version of the *Bible*, Append., p. 19.

[2] *Pharaohs, Fellahs, and Explorers*, by Amelia B. Edwards, p. 218. Harper & Bros., New York, 1892.

seum at Leipsic, and believed to be one of the Hermetic books, is described as follows by Miss Edwards:

No less than five medical papyri have come down to our time, the finest being the celebrated Ebers papyrus, bought at Thebes by Dr. Ebers in 1874. The papyrus contains one hundred and ten pages, each page consisting of about twenty-two lines of bold hieratic writing. It may be described as an Encyclopedia of Medicine as known and practised by the Egyptians of the eighteenth dynasty, and it contains prescriptions for all kinds of diseases—some borrowed from Syrian medical lore, and some of such great antiquity that they are ascribed to the mythologic ages, when the gods yet reigned personally upon earth. Among others we are given the receipt for an application whereby Osiris cured Ra of the headache.[1]

Von Klein says: "The exact date of the writing of this papyrus has not yet been established. . . The calendar which is on the outside of the papyrus refers to the eighteenth dynasty, in the sixteenth century B.C." The contents of the papyrus vary in age, from between 1552 to 4688 B.C. Many of the diseases known to modern science are carefully classified and their symptoms minutely described. Over seven hundred substances from the mineral, vegetable, and animal kingdoms are given as drugs, covering every known

[1] *Pharaohs, Fellahs, and Explorers*, by Amelia B. Edwards, p. 219. Harper & Bros., New York, 1892.

physiological action, and are made up into decoctions, infusions, injections, pills, tablets, troches, capsules, powders, potions, and inhalations, and into lotions, ointments, plasters, etc.[1] These compounded prescriptions, as also the allusions in the books of Moses to apothecaries, give evidence that a distinct class of apothecaries existed among the ancient Egyptians. The Hebrews, during their stay in Egypt, learned Egyptian medicine, and the Old Testament is full of medical allusions.[2]

An interesting relic of Egyptian medicine is the medicine chest of the wife of Pharaoh, Mentuhotep, 2500 B.C. It contains six vases of alabaster and serpentine, dried remnants of drugs, two spoons, a piece of linen cloth, and some roots, enclosed in a basket of straw-work. It was found in the Queen's tomb.[3]

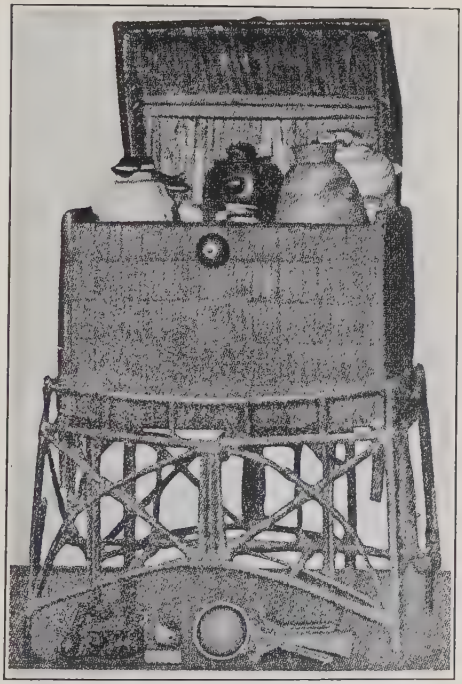
Houdart[4] and other writers account in the following way for the origin of the medical books of ancient Egypt. It is supposed that there, as in other ancient countries, it was the custom in remote times to lay the sick in the street in order that they might benefit by the advice of the

[1] *The Medical Features of the Papyrus Ebers*, Carl H. von Klein, A.M., M.D., *Bulletin Amer. Acad. of Medicine*, Feb., 1906, pp. 314 *et seq.*

[2] Klein quotes from *Exodus* xxx., 25–35; xxxvii., 29; *Eccles.* x., 1; *II Chron.* xvi., 14.

[3] *Ibid.*, p. 320.

[4] *Histoire de la Médicine Grecque depuis Esculape jusqu'à Hippocrate*, M. S. Houdart, Paris, 1856, pp. 71, 73.



A Domestic Medicine Chest of an Egyptian Queen, Mentuhotep, in the Berlin Museum. It contains five alabaster flasks and one of serpentine containing medicines. Near it lie two spoons, a small dish, and a number of medicinal roots

By courtesy of Dr. von Klein

passers-by. Those who by experience had learned some useful remedy stopped and gave the patients advice and recipes for treatment. In Babylon there was even a law compelling them to do this. (It has been observed that such a law would be unnecessary to-day.) These recipes, with an account of the symptoms, were collected and kept by the priests in the temples, where for many ages every one was free to go to consult them and to select his own treatment. In this way a vast number of facts were collected, which little by little acquired a sacred character and were regarded as infallible. Berdoe says[1]: "The art of medicine in ancient Egypt consisted of two branches, the higher, which was the theurgic part, and the lower, which was the art of the physician proper. The theurgic class devoted themselves to magic,[2] counteracting charms by prayers, and to the interpretation of the dreams of the sick who had sought aid in the temples. The inferior class were practitioners who simply used natural means in their profession." As these old records show, they brought medicine to a high plane of learning and culture.

[1] *Op. cit.*, p. 61.

[2] It is possible that the word "magic" does not to-day convey an impression in accordance with the actual state of ancient medicine. The Egyptians practised hypnotism and knew how to control the mind and imagination. Houdart quotes Bacon as saying that "the honourable significance once given to the word 'magic' as 'research' or 'knowledge' should be given to it again."

They were called Pastophori, but Ebers says that the Pastophori had many duties, and were not all physicians, though all physicians might be said to be Pastophori, as it was essential that they should belong to the priestly class. It is not clear who actually gave the orders for the practical treatment of the patient,—the priest magician or the priest physician,—or who actually carried them out.

To deviate from the recipes of the sacred books was regarded as so dangerous that the physician who did so, and whose patient died, was himself punished with death. If, however, the patient died under treatment given according to the sacred books, the physician was not held responsible. This rigid conservatism at which Egyptian medicine ultimately arrived, by preventing the progress of further knowledge, and by forbidding experiment, stifled thought and ambition, and eventually brought about its downfall.

Beside the actual treatment of disease the ancient Egyptians had established public hygiene and sanitation upon a remarkably thorough scale. Their civil laws contained so much about the care of the health that those who knew and obeyed all were called doctors.[1] They appear to have had a corps of sanitary inspectors or health officers, for Houdart quotes an old writer who said that "it has been proved that in time of pestilence the police were as useful as physicians," and his

[1] Houdart, *op. cit.*, p. 81.

opinion was that one reason for limiting the province of the doctors in the matter of treatment was that if they were allowed to experiment with new remedies they might nullify or interfere with the work of the sanitary officers.[1] The ancient Egyptians, at least those of the higher classes, were exceedingly cleanly, bathing several times a day, keeping their faces shaved, and they also, for reasons of cleanliness and hygiene, practised circumcision. They were well acquainted with the uses and varieties of enemata, ointments, liniments, and massage. They used opium, castor oil, and many other drugs used to-day; practised surgery, did excellent dental work, and bandaged beautifully. Their belief in immortality led them to embalm their dead, and this practice shows their great knowledge of preservative drugs, and a certain amount of anatomy. On the other hand this very sacredness of the human frame made a thorough study of anatomy, such as must underlie a progressive science, impossible.

There is no mention to be found of nurses, yet it seems unreasonable to suppose that a nation which had brought medicine, pharmacy, and sanitation to so orderly and systematic a state should not have had a nursing class; or that women should not have taken an active share in good works, more especially when we consider what is known of the general humanitarianism

[1] Houdart, *op. cit.*, p. 75.

of the Egyptians and the favourable position of their women. Budge[1] says that the social position of women was always much higher in Egypt than in other Eastern countries; "the mother or 'lady of the house' enjoyed a position of authority and importance rarely met with among other nations." Of their humanity Brugsch[2] writes: "Laws which ordered them to pray to the gods, honour the dead, give bread to the hungry, water to the thirsty, clothing to the naked, reveal to us one of the finest qualities of the old Egyptian,—pity towards the unfortunate."

Nor have modern researches yet disclosed anything definite of hospitals in ancient Egypt, although it is conjectured that the temples of Saturn may have been resorted to by the sick. That there were priestesses or "temple women" is certain; what their duties were is not so clear. Caton[3] says: "There is reason to believe that institutions closely related to infirmaries or hospitals existed in Egypt many centuries earlier than the Hieron of Epidauros, but no structural trace of such building has been discovered." If there were indeed hospitals there must also have been nurses, and we may feel reasonably sure that their

[1] *A History of Egypt*, by E. A. Wallis Budge, M.A., Litt.D., D.Lit. Kegan Paul, Oxford, 1902, vol. ii., p. 20.

[2] *Egypt under the Pharaohs*, by Heinrich Brugsch Bey, London, and New York, 1891, p. 10.

[3] *The Temple and Ritual of Asklepios*, by Richard Caton, M.D., F.R.C.P., C. J. Clay & Sons, London, 1900.

duties were well defined and circumscribed. As to what must have happened to them if they disobeyed the physician, we can form an estimate by what happened to him if he disobeyed the sacred books.

CHAPTER VI

BABYLON AND ASSYRIA

NEXT in antiquity to the medical records of ancient Egypt are those of Babylon, which came to light when the French expedition discovered at Susa in Persia the celebrated Code of Hammurabi.[1]

Hammurabi—a historical, not a mythical personage—was the greatest of Babylonian kings and statesmen. He reigned about 2250 years B.C. during a glorious period of some sixty years. The celebrated "Code" is a legal one. The laws contained in it—many, it is supposed, having been compiled from other and far older sources—were collected and unified by Hammurabi. It contains some curious provisions for regulating the art of surgery, and also that of the veterinarian, thus showing that these two specialties were distinct and held the same relation to each other and to medicine that they do to-day. It fixed a table of fees for operations, varying from two shekels for

[1]The material in this chapter is taken mainly from "Cuneiform Medicine," by Prof. Christopher Johnston, read at the meeting of the American Oriental Society, April 16, 1903.

An Egyptian Prince and his Nurse

an operation on a slave to ten shekels for one on a freeman, and severe penalties for the surgeon who was so unsuccessful as to have his patient die on the table. If this happened to a freeman the surgeon's hands were cut off; if to a slave, the operator had to pay the owner the price of his servant. Although the records are scanty, there is enough to show that medicine was practised from the very earliest times and was regarded as of the utmost importance. The Babylonians are not believed to have had any exact knowledge of human anatomy, but to have learned what they knew of the internal organs from the sacrifices of animals. They had a good empiric knowledge of drugs and treatment, but the priests kept it jealously guarded from the common people. They understood blood-letting, and letters extant from a court physician dating from 680 B.C., speak of tamponing the nose for epistaxis and of an excellent application to the face in erysipelas.

The Babylonian deities were nature gods. The three greatest were the gods of the sky, the earth, and the sea. Next in rank were the moon god, the sun god, the god of thunder, lightning, wind, rain, and storm: of the planet Venus; Marduk or Merodak (light), (who is also called Bel), the quickener of the dead, who fought and vanquished the dragon or "Chaos" (darkness); Nebo, the god of arts, science, and letters, and others.[1] Besides these they had innumerable

[1] Revised Version of the *Bible*, Oxford, 1904. Appendix, p. 29.

local deities, and held the primitive theory that disease was caused by the wrath of gods and by evil spirits. This early idea they developed and elaborated extensively, creating entire hierarchies of good and evil spirits which were ever in conflict with one another. Safety lay only in invoking the aid of the good against the bad angels.[1] So long ago was symbolised the struggle between good and evil, which still perplexes many minds—the world-old contrast of health and disease, whether physical, mental, or moral.

The ancient Assyrians went even further in speculation and evolved the theory that sickness was a punishment for sin and could only be cured by repentance. It may be that this idea was based on a genuine insight into Nature's laws of health, and that it really marks the dawn of rational physiological teaching. Much depends upon the interpretation of the words "sin" and "repentance," and this may have been a poetic way of saying that those who broke physiological laws would get sick and could only be cured by returning to an observance of hygienic rules. However, according to Baas,[2] the Assyrians, so far as is known, practised only magic and empiric medicine and were not scientific. Many old ideas of the

[1] Prof. Paul Haupt says: "The Babylonian Winged Genii were the prototypes of the angels to whose forms we are accustomed. The Babylonian Cherubs originally symbolised the winds carrying the pollen from the male flowers to the female." (12th Internat. Cong. of Orientalists, 1901.)

[2] *Op. cit.*, p. 22.

Babylonians, which doubtless originally had some naturalistic basis, are still extant to-day as popular superstitions. They believed much in the potency of lucky and unlucky numbers, all number myths having been derived from observations of the stars and heavenly bodies, the changes of the moon, the number of the planets, etc. The sacredness of the number seven was shown in old Assyrian law that no work should be done on the seventh day. This was the old law quoted to Jesus by his disciples. There also existed many regulations about the gathering of the medicinal herbs and simples:—some must be gathered by night, others at dawn, or at a certain time of the moon. These doctrines must all have arisen from some practical knowledge of plants. No gardener to-day would cut flowers for the table in the hot midday sun, but only early in the morning, before they are wilted, and so these old rules were surely founded on some natural fact now overlooked or forgotten.[1] Charms and amulets were used extensively. The magic number seven appeared in knots tied in cords, of which there are still survivals. Symbolism was practised extensively in their medicine. The purifying bath and sprinkling with holy water—such natural and beautiful evidences of the value attached by all people, and especially in hot countries, to life-giving springs of water—were

[1] Many country people still regulate all garden work by the "up" or "down" of the moon, but do not know why.

symbols of the deepest import which all nations shared with them. Then, too, the cleansing bath was certainly a most practical form of symbolism. Disease was also symbolically cured by fire, small objects being burned in a brazier, while the priest recited the appropriate incantation.

Fire, the most perfect purifier from a sanitary standpoint, is also a practical sanitary aid, besides being symbolic. In rightly estimating all these practices of the ancients it is important never to forget the highly poetical imagination and the tendency to figurative and symbolic language of all primitive and all Oriental peoples. Many of the Babylonian incantations are highly poetical, and no doubt tended to soothe and console the sufferer in a way that more literal-minded Western folk cannot understand.

CHAPTER VII

THE JEWS

OF all the nations of antiquity the Jewish race has the most wonderful history of sanitary excellence and high attainments in hygiene.[1] Theirs was truly a religion of health and physical and mental sanity. As a noble simplicity characterised the spiritual and moral side of the Jewish religion, so a rational intelligence directed all the practical affairs of life from the standpoint of enlightened hygienic knowledge. The innumerable deities of other nations, and more especially the evil genii of the Babylonians and Assyrians, were abhorred of the Jewish leaders, who continually denounced superstitious practices and inculcated a belief in one God. The ancient Hebrews appear to have had in a highly cultivated state the faculty of critical comparison and judgment which enabled them to choose from contemporary nations the best and reject the worst. Thus the Jews learned much of their hygiene from

[1] With the exceptions noted the material for this chapter has been taken from *The Sanitary Laws of Moses*, by G. M. Price, M. D., *Public Health Record*, May, 1901.

the Egyptians, but rejected their theurgy. The Egyptian priests and physicians do not appear to have made their vast knowledge a part of the heritage of the commonest and lowest of the people. They had an aristocracy of knowledge. whereas the special feature of the Jewish culture has always been the democracy of knowledge. Certain sanitary measures practised by the Egyptians only among the educated or priestly classes, as, for example, circumcision, were enforced by the Jews from the highest to the lowest.

The laws ascribed to Moses cover every detail of personal, family, and public or national hygiene and are directed toward the maintenance of health and prolongation of life. "Therefore shall ye keep these commandments that ye may be strong and prolong your days," says the prophet. Virchow has called Moses "the greatest physician of all time." The laws of individual hygiene concern themselves with questions of labour, of rest, personal cleanliness (for which there are innumerable rules), and diet, and severe are the "medical punishments" threatened for the wrongdoer. "The Lord shall smite thee with consumption, and with fever, and with inflammation, and with an extreme burning." All the stern and ungraciously sounding texts relating to the "uncleanliness" of women, which when considered only in the abstract seem so needlessly humiliating, are in reality witnesses of the extreme care and solicitude of the Jews for the health of their

women, and of the sanctity and beauty of their family life. These regulations secured to women the personal isolation and privacy, quiet, and consideration necessary on hygienic grounds, and especially made the time of childbirth a period of isolation and quiet, of cleanliness of body and clothing, and of rest for mind and body. All of the principles of modern sanitation were anticipated by the Jewish lawgivers. The inspection of food; the preservation of useful trees; the methods for the disposal of excreta; the importance of vital statistics; the diagnosis and notification to the authorities of infectious diseases; the necessity of isolation or quarantine, and of fumigation and disinfection after contagion, all are found in the Old Testament. The Mosaic and Talmudic regulations for the examination and slaughtering of animals and the inspection of their internal organs for the detection of diseases before they were permitted to be used for food are in line with the most advanced sanitary ordinances to-day, and modern medicine has only lately rediscovered the dangers of the oyster as a carrier of pathogenic bacteria, while to the Jews the eating of shell-fish has always been forbidden on sanitary grounds. There were four cardinal points to be observed about animal food. First, blood was always and absolutely forbidden as an article of food. For this reason meats are always drained of their blood before cooking, and no orthodox Jew will buy a killed chicken, but only live ones,

to be killed and bled scientifically. Next (a law accepted by people in general), animals torn by wild beasts or otherwise accidentally killed, or those having died of themselves, were not to be used as food; and finally, the pig was forbidden as unclean. All Oriental nations have shared this aversion to the pig. The Hindoos regard it as unclean, and the ancient Egyptians held the same opinion, no doubt because, in hot countries, the pig is especially liable to disease.

From the standpoint of humanity and the care of the afflicted the Jews have an unbroken and glorious record. An ancient ordinance, which was also the old Athenian code of humanity and which strikingly resembles the Egyptian ordinance, defines neighbourliness as follows: "Not to refuse fire to any one who asks for it; not to cut off a stream of water; to offer food to beggars and cripples; to give decent burial to unclaimed dead; not to add additional suffering to one who is in trouble; not to treat animals with cruelty." "To visit the sick in order to show them sympathy, to cheer and aid and relieve them in their suffering, is declared by the Rabbis to be a duty incumbent upon every Jew even if the sick person be a Gentile. There is no specific command to this effect in the Old Testament, but the Rabbis find allusions to it in several passages of the Pentateuch. The 'haberim' or 'Hasidic' association made the performance of this duty a special obligation, and visiting the sick is enumerated in

Matthew xxv., v. 36, among the various forms of charity. In the Shulhan Aruk Yoreh De'ah a whole chapter is devoted to the commandments concerning such visits."[1] These familiar "Hasid" works of charity were regarded as having been practised from the beginning of the world. There existed of old, and still exist, Bikkur Hohin societies whose particular object it is to visit and care for the sick. The ancient Hasidim were divided into groups, one for each of the seven branches of charitable work mentioned in rabbinical literature, of which one is to visit the sick. The ancient Jews also had the *xenodochium* or "pandok" for travellers and destitute persons, to which was attached the *ptochotropheum* or Sick House.[2] This institution, as St. Jerome said, was transplanted from East to West "as a twig from Abraham's terebinth." It was the custom of the Jews to give one tenth of their possessions in charity, and against the tendency of the Essenes and Christians to give all they had the rabbis ordained that no one should give away more than one fifth, in order that they should always be able to support themselves and their families. Among the Essenes, whose pure ethics

[1] See *Jewish Encyclopedia*, arts., "Sick," "Charity."

[2] The Houses for the Sick in the early Jewish period were called "Beth Holem." The "Beth Said" mentioned in the New Testament was such an institution. They were probably humble enough ancestors of the superb modern hospital, for they are supposed to have been wooden huts or cabins. (*Internat. Encyc.* art., "Hospitals.")

led them to renounce animal food, to refuse to hold slaves, and to dignify manual labour, the care of the sick was a constant duty. Thus Philo[1] says of them: "Nor do they neglect the sick who are unable to contribute their share, as they have in their treasury ample means to offer relief to those in need." And again, "If any one be sick, he is cured by medicine from the common stock, receiving the care of all."

[1] Quoted in *Jewish Encyc.* art., "Essenes."

CHAPTER VIII

GREECE

IN a part of the Greek peninsula endowed by nature with special and enchanting beauties of restful plain and encircling pine-covered hills, lie the marble ruins and excavated foundations of Epidauros, the most famous of ancient health resorts, where the temple of Asklepios once stood in its glory, surrounded by dazzling white marble buildings: hostels, hospital wards, bath-houses, gymnasia, residences for attendants and priests, out-door theatres, libraries, and temples for sacrificial rites—the whole set in green gardens and spaces of idyllic beauty. Ancient Greece had many temples of Asklepios, but this was the most sumptuous and the most famous. Many, although not all, had provision for entertaining patients, and in their arrangements they were much like sanatoria to-day, although it is not certain that the poor were treated in them.

Like Egypt and yet older countries Greece traces her medical art back to a mythical past of divine origin. Apollo, the sun-god, was the god

of health and of medicine. Asklepios, the marvellous physician, was his son, and became in turn deified and worshipped. One may easily believe that there was, in dim ages past,[1] some mortal of more than ordinary skill and wisdom, the fame of whose ability to heal became glorified with time to a supernatural degree, and that the achievements of this mortal man are perpetuated in the myth of Asklepios. The two sons of Asklepios, Machaon and Podaleirios, were truly mortals, for they both accompanied the Greek army to the Trojan war in the capacity of surgeons. May not the little clamps and dressing forceps now in the museum of Constantinople, discovered by Schliemann in the ruins of Troy, have belonged to their outfit? Homer mentions their father, Asklepios, in the *Iliad*, speaking of him as the "blameless physician."

The dream-oracle, as all the authorities agree, was the universal characteristic of the Asklepios cult. In the dreams of the sick there came to them the stately figure of the god, with his benignant and fatherly countenance, and told them what to do to be well. In the earliest times of the cult there were no physicians,[2] but as the fame of the cures grew the priests acquired more and more practical knowledge, and specialised into two main divisions,

[1] A date about thirteen centuries B.C. is assigned to Asklepios. Baas, *op. cit.*, p. 55.

[2] *The Cult of Asklepios*, by Alice Walton, Ph.D., Cornell, 1894, p. 67.

Hygeia and Asklepios
In the Vatican

one retaining the purely priestly, the other the medical functions. Finally with time a school of physicians was developed, who were called the Asklepiades, and under their direction centres of medical teaching were founded, most often, although not always, in connection with the temples; and medical treatment became systematic and extensive, including major and minor surgery, hydrotherapy, massage, frictions, gymnastic treatment, baths, and hypnotism.

Inseparably connected with the cures of Asklepios was the worship of the serpent, and even today the image of the snake remains the emblem of the wisdom of the physician. Alice Walton discusses interestingly[1] the myths connecting the serpent with power against sickness, as illustrated in the story of Moses and the serpent of brass in the wilderness.

The essential idea was that the spirits of the dead, who often appeared in dreams, inhabited the underworld. Thus the Earth, the abode of the Dead, was the Mother of Dreams. The serpent also lives in the underworld, and was identified with or related to the ideas concerning the soul. According to different phases of primitive thought, the serpent was regarded as a symbol of the soul, or as the soul itself, or as a dwelling of the soul.[2]

[1] *Op. cit.*, pp. 11-16.

[2] On animal worship, See Lang's *Customs and Myths*, chap., "Fetichism and the Infinite."

No one knows how far back in the past Greece possessed anything like a hospital, but it is said that temples of Asklepios existed in 1134 B.C. at Titanus in the Peloponnesus. It is well known that hospitality was a sacred obligation of the ancients, and was practised by them toward the stranger, the sick, and the needy, with an abundance which doubtless rendered unnecessary much of the institutionalised charity of to-day. The "xenodochion" was a feature of Athens and other cities of Greece and gave its name as well as its leading outlines to the later institutions of the Christian Fathers. It was a municipal inn or hostel for strangers of every kind and degree, especially the sick and the poor. There was also the private surgery, or *iatrion* of the Greek physicians, a sort of dispensary where advice was given, operations were performed, and drugs compounded. Here private physicians sometimes received patients for treatment, but these small institutions often had a bad reputation. Every large city had its public iatrion as well, which in some cases was supported by a special tax, but there is no evidence that patients could remain in them for nursing or treatment.[1] They are spoken of by Galen as large and airy buildings.[2] A frightful inconsistency marred, however, the hospitality of the ancient Greeks. Only curable

[1] Withington, *op. cit.*, p. 78.

[2] *Geschichte Christlicher Krankenpflege und Pflegerschaften*, Dr. Heinrich Haeser, Berlin, 1857, p. 96. *Anmerkungen.*

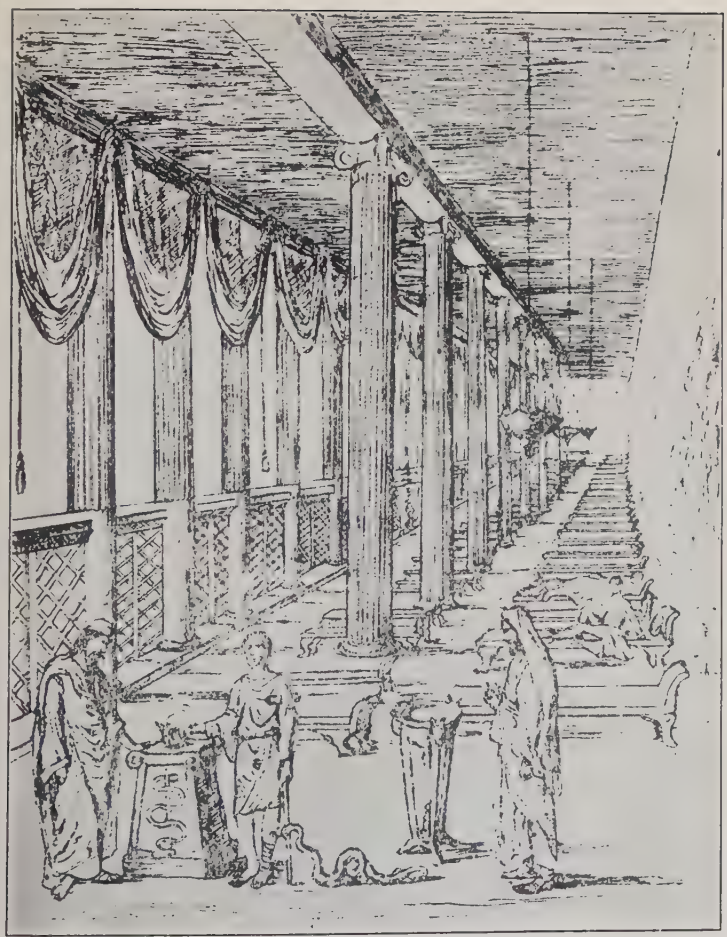
patients were received, and the incurables were left to die upon the streets. It was considered that birth and death polluted a locality, and these two events were not allowed to happen in the sacred precincts of the temples of Asklepios. At Epidauros, women approaching confinement and patients about to die were carried outside the gates and left there. One can only hope that individual kindness could and did find some way of aiding them. Definite provision was not made for these two helpless classes until the time of the Antonines, 138 A.D., when a home for the dying and a maternity hospital were founded outside of the precinct.

A fascinating account of the ancient cure at Epidauros is given by Caton in his *Temple and Ritual of Asklepios.*[1] The *abaton*, a long Ionic portico in two parts, one for men and one for women, with a double colonnade and open to the south like a long piazza, was the sleeping place or ward for the sick after their arrival, where they expected to have the miraculous dreams. "The ruins now marking the site of this building are highly interesting, for they constitute the earliest known example of a hospital ward. It was furnished with pallets, lamps, tables, altars, and probably curtains, the patients supplying their own bed-clothing"[2]; (this is still the custom in Eastern hospitals). The abaton had a capacity

[1] *Op. cit.*, p. 9.
[2] *Ibid.*

of about 120 beds, and Dr. Caton suggests that the large square buildings having many small single rooms (just the right size for a patient), of which the foundations can be plainly seen, were intended for transferred patients or for convalescents. The remains of these buildings show enough rooms to accommodate 400 to 500 patients. At the great religious festivals thousands assembled, but the greater part of these could not have been sick persons, and may have been put up in tents, or temporary structures, or in the neighbouring villages.

The list of officials given by Caton shows many resemblances to that of modern hospitals. The chief official (superintendent?) was the Hiereus or Hierophant. He was sometimes but not always a physician. He was the general administrator and shared in the financial government of the temple. There were the Dadouchoi,—torch bearers, who were probably subordinate priests; the fire-carriers,—Pyrophoroi; key-bearers, Kleidouchoi, who later had priestly functions; secular officers,—Hieromnemones, who attended to receipts and payments (clerks and bookkeepers). The Nakoroi or Zakoroi were a rather indefinite class, of uncertain duties, who were sometimes physicians. Finally, there were priestesses,—the Kanephoroi, or basket bearers, and the Arrephoroi, or carriers of mysteries and holy things. All were under the rule of the Boule of Epidauros (hospital Board of Directors?). With reference



Restoration of the Interior of the Abaton at Epidauros. Patient sacrificing and having injured leg licked by the sacred serpent

From *The Temple and Ritual of Asklepios.* By permission of Richard Caton, M.D.

to the priestesses, Caton says: "Did these women in any degree act as nurses? It is possible, but no definite information is given." The inscriptions speak of bath attendants and of servants who ministered to the sick and carried those unable to walk.

He also gives a pretty picture of the ward procedures. The patient upon arrival probably had an interview with the priest or official, and arranged about his accommodation. He performs certain rites, bathes in the sacred fountain, and offers sacrifices under the direction of the priest. The poor ones give only their cake, the rich ones a sheep, pig, or goat, or other offering in addition. One little boy gives his jackstones.[1] At night the patient brings his bed-clothing into the abaton and goes to rest, after putting some small gift on the table or altar. (The cleansing bath, says Alice Walton, was all-important, and white gowns were the rule both for patients and priest, as there was an ancient belief that white garments induced favourable dreams. Some one else also might dream for the sick person,—perhaps a friend, or the priest himself.) The Nakoroi come to light the sacred lamps. The priest enters and recites the evening prayers to the god, entreating help for all the sick assembled there. He then collects the gifts; the Nakoroi come back and put out the lights and enjoin silence, commanding every one to fall asleep and hope for a guiding vision of

[1] Walton, *op. cit.*

the god. According to the inscriptions the god appeared in person or in visions, and spoke to the patients about their ailments. Whether these visions were hallucinations, the work of the imagination, or of some priest in the dim light, or dreams caused by opium or other dream-producing drug, or some acoustic trick, it cannot be said.[1]

The region of Epidauros was in olden times the habitat of a species of a harmless yellow snake, now extinct, which men revered as being the incarnation of the god himself. These reptiles were quite tame, and were accustomed to be handled and fed with cakes by the sick, who regarded it as a propitious sign when one of the snakes approached them.[2] The serpents were trained to lick the affected parts with their tongues, and dogs, likewise sacred to Asklepios, were also trained to lick the patients' wounded or injured members.

The history of Epidauros and other temples of Asklepios, is related in the numerous inscriptions and tablets which have been found and translated. The earliest ones give absurd tales of miraculous cures, but later on the tablets show less superstition and more science. Thus Apelles, who suffered from severe indigestion, was put on a diet of bread and curdled milk, parsley, and lettuce,

[1] Caton: *op. cit.* pp. 28, 29

[2] There was also a traffic in snakes, and they were sold to other countries in time of pestilence.

and lemons boiled in water, and was told to avoid fits of violent anger.

As scientific knowledge and rational treatment advanced the Asklepiades maintained, as early as 770 B.C., a number of medical schools, and temples of Asklepios with sanctuaries for the sick were very numerous. Three of the most famous medical schools were those at Cnidus, Rhodes, and Cos, and it was at Cos that the great Hippocrates, the Father of Medicine, was born, 460 years before Christ.[1] He belonged to the family or order of the Asklepiades, and was believed to have been a direct descendant in the sixteenth generation of the great Asklepios himself.

The golden age of Greece, the age of Pericles, was the auspicious time of the appearance of one of the greatest physicians who ever lived, and whose attainments in medicine rank nobly with the achievements of that period in art, poetry, and citizenship. Hippocrates openly recognised Nature and taught that disease was not the work of spirits, demons, or deities, but resulted from disobedience to natural laws. He called Nature the "just," and showed that the true art of the physician was to assist her in bringing about a cure. Possessed of a master mind and unequalled powers of observation and reflection, he was equally modest, had no mysteries, and taught

[1] See *Hippocrates and the Newly Discovered Health Temple at Cos*. Richard Caton, M.D., William Clowes and Sons, London, 1906.

openly all that had previously been jealously guarded, acknowledging medical errors as directly as he taught the truth, ". . . discarding both superstition and hypothesis and substituting the results of actual observation in the place of both." He was possessed of vast and exact knowledge in the whole realm of medicine, and was the author of many treatises both medical and surgical which are still regarded as classics. His primary conception of the mission of medicine is that of nourishing the patient:

> For the Art of Medicine would not have been invented at first . . . if when men are indisposed the same food and other regimen which they eat and drink when in good health were proper for them, and if no others were preferable to these.[1]

His famous description of the countenance before death is too well known to need repeating, but perhaps few nurses know with what perfection and minuteness he has described all that they are taught of symptoms and the meaning of every shade of expression, change of position, points to observe about the senses, the breathing, the sleep, and every phase of illness, or how careful and modern are his directions for hot applications, dry and moist, and for all manner of appliances. About bathing he says:

[1] *The Genuine Works of Hippocrates*, trans. by Francis Adams. William Wood Co., New York, 2 vols. in one (no date), p. 133.

If the patient is not bathed properly he may be hurt thereby in no inconsiderable degree. . . . The person who takes the bath . . . should do nothing for himself, but others should pour the water upon him and rub him, and plenty of water of various temperatures should be in readiness for the douche, and the affusions quickly made; and sponges should be used . . . and the body anointed when not quite dry. But the head should be rubbed until it is quite dry;—the extremities protected from cold as also the head and the rest of the body.[1]

About bandaging he says:

There are two views of bandaging, that which regards it while doing and that which regards it when done. It should be done quickly . . . by dispatching the work; without pain, by being readily done; with ease, by being prepared for everything; and with elegance, so that it may be agreeable to the sight. . . . When done it should fit well and neatly. The bandage should be clean, light, soft, and thin."[2]

One of the most perfect examples of his teachings is to be found in the following recommendation—which unfortunately is often disregarded:

The prime object of the physician in the whole art of medicine should be to cure that which is diseased: and if this can be accomplished in various ways the least troublesome should be selected.[3]

Even an outline of this great medical teacher's

[1] *The Genuine Works of Hippocrates*, vol. ii., p. 252.
[2] *Ibid.* vol. ii, p. 10.
[3] *Ibid.* vol. ii., p. 151.

life and work is impossible in the present book, the scope of which only allows the mention of a few details of his teaching on lines which are most nearly related to practical nursing. He laid down the rule that fluid diet only should be given in fevers, and also advised cold sponging for high temperatures. He allowed his fever patients to drink freely of barley water and cold acidulated drinks. For acute tonsilitis he ordered hot fomentations and hot gargles, cathartics and cool drinks. For colic he gave warm enemata and warm baths, hot fomentations, purgatives, and anodynes. His sympathetic nature is shown in his instructions never to expose the patient unnecessarily during examinations or operations. It is much to be regretted that no direct reference to nurses and their work is made in the writings of this master of the medical art. He said, it is true, that the assistant was the co-worker with the physician, but no treatise on nursing as such has come from him. Yet that he must have taught all its principles is evident in his own writings and those of later physicians, who, 2000 years ago and more, were evidently well acquainted with every detail of good nursing. A German writer has recently compiled all the teachings of the Greek physicians on nursing.[1] Thus Aretæus,

[1] Dr. Med. M. Brenning of Berlin. His *Ausländische Krankenpflege*, in the *Zeitschrift für Krankenpflege*, Berlin, 1905, in two parts, pp. 53-57, 102-107, from which we borrow our text, goes into these details.

a physician of Cappadocia who flourished about 100 A.D., speaks of the necessity for strict cleanliness. The bed-clothes must always be clean, as soiled ones cause pruritus. Powders are to be used for a moist skin, and the mouth wash must be used constantly, both for cleansing and to refresh patients who are not allowed much to drink.

Aretæus gave much thought to the bed: "The kind of bed and its position are very important. It must be steady, not too large or wide, and for patients with hemorrhage of the lungs it must not be too soft or warm, while for tetanus and kidney trouble it must be soft, warm, and very smooth. The sick who dare not speak much must lie high. The covers must be light and made of old soft stuff. Excitable patients must have covers without patterns, as they are annoyed by the spots and designs. The light is to be managed according to the illness; lethargic patients are to have a bright light." Celsus (born 50 B.C.) also speaks much of proper clothing. Fever patients are to be lightly covered; also those with heart disease or respiratory difficulty. Patients suffering from renal affections should be warmly dressed. All the old writers had much to say about the sick-room. For fevers the room must be large and airy, with plenty of fresh air. Cardiac diseases and dyspnœa must be treated in a cool room with the windows open. Excitable patients must be in a rather small room, cool and

moist in summer and warm in winter. The walls should be smooth and of a monotone in colour. No paintings or pictures should be allowed, because in delirium the patients get excited, jump out of bed, and grasp at them. The subject of food receives much attention. Celsus is especially thorough on this topic. Fever cases must at first have nothing solid, and must drink so as not to be thirsty, yet not too much. He gives exact rules for children and old people, and for the number of days after fever when solid food may be recommended. The times for eating are also important. During and after meals perfect quiet must prevail, and the patient must hear no disquieting news. If it is necessary that he be told something unpleasant, he must hear it after a nap following food. Fever patients must have only one kind of food at a time, as this is more easily digested than several kinds. Cardiac patients must have only very small quantities of the lightest nourishment, at regular times, both day and night. The consumptive must drink much milk. The dyspeptic must avoid wine and seasoned foods. In kidney disorders the patient must drink much, but take no cold or seasoned food or drink. Many physicians limited nephritic patients to a milk diet. Aretæus gives many directions for feeding the insane and apoplectic. For the latter he advised that a long spoon should be placed over the epiglottis. Insane patients who refused food were often placed between two convalescents who were

eating, and thus an inclination to eat was aroused. Beside giving directions as to the kind and quantity of the food, its temperature, and the number of times it was to be given in a day, he advises that attention should be paid to the personal preferences of the patient. Rufus[1] holds that the physician should always consider the patients' taste with care, because unaccustomed foods do harm, more than those to which the patient is used, and those prepared in a way which the patient likes will be better digested than if he dislikes them.

For the relief of pain warm baths, fomentations, hot-water bladders, poultices, light massage, and many plasters and salves were in use. To soothe the nervous the bed was hung as a cradle and rocked, or brought near to a fountain. Sweet essences were rubbed on the patient's face or his feet, his head was stroked, or he was scratched gently on the temple and around the ears. Music was also used to soothe and lull. Music and gentle rocking both had a high place for nervous and irritable cases. Melancholics were to hear music and cheerful, amusing tales. Insane patients were to be kept occupied, their work made prominent and often praised. After purging they were to have light diet, and they were often massaged. Change of scene and travel was recommended for them, and their friends were never to speak of anything disturbing. For epileptics also

[1] A. D. 98-117.

long walks through wooded paths were recommended, and for cardiac patients it was advised that they should look out on green fields or be cheered by flowers, paintings, and the sight of water. This teaching shows that, outside of the giving of drugs, the nursing and care of the patient were understood by the ancient Greeks in a way that can hardly be improved upon to-day.[1]

According to Withington, in the heroic age of Greece women carried on quite a little medical practice among their own sex, and Baas says: "Women in Greece, as in all countries, doubtless did much noble if unnoticed work as nurses."[2] The *Iliad* contains occasional allusions that shed light on the medical knowledge of women, as, for instance, the lines on Agamedé the fair-haired "who knew all drugs so many as the wide earth nourisheth." In the classic days of Greece, the sphere of women was closely restricted to the household, where nursing the sick slaves was one of the duties of the mistress of the mansion.

[1] All from Brenning, *op. cit.*
[2] *Op. cit.*, p. 80.

CHAPTER IX

ROME

ANCIENT Rome is but young and modern in comparison with classic Greece and venerable Egypt and India. Her earliest known history was only beginning at the time when the Asklepiades had already founded medical schools and when health resorts had been established all over Greece. Nor did the Romans evolve a religion, a medical system, or an art of their own, but borrowed largely from other nations, and most abundantly from Greece. Greek physicians introduced the medical sciences into Rome, built temples, and were for a long time the only practitioners there. Although it is conjectured that the Etruscans in a remote past had medical knowledge and hospitals, too little that is definite is known of this mysterious race, and the earliest recorded knowledge of the uses of herbs and the making of potions was brought to Rome by the men of the Abruzzi and the shores of Lake Fucino,[1] who no doubt had learned the homely arts of their grandmothers.

[1] *Ancient Rome in the Light of Recent Excavations.* Rodolfo Lanciani, Houghton, Mifflin, Boston, 1889, Chap. "Sanitary Conditions of Ancient Rome," pp., 49-73.

Malaria, says Lanciani, became prevalent with the subsidence of volcanic activity in the old Latium, and the Romans built shrines to the goddess of fever and the evil eye; to Cloacina (the goddess of typhoid?) and to Verumnus, the god of microbes. According to the precepts of Numa, the peace and good-will of the gods were the only remedies and means by which lost health could be regained. In times of pestilence, temples were built to Apollo, one of which stood on a site near the theatre Marcellus, and another near the Barberini palace. The introduction of medical knowledge to the Romans by the Greeks was made some time in the third century B. C., when a terrible pestilence was devastating the city. In despair, the Romans consulted the Sibylline books, the only source of wisdom known to them, and the oracle replied that Asklepios must be brought from Greece to Rome. The story goes that a galley was straightway sent, and that one of the sacred serpents was brought back. As the galley came up the Tiber, the serpent sprang out on the little island in the river, in the heart of the city. It was regarded as a divinely chosen spot, and a temple was erected there to Asklepios, or, as the Romans called him, Æsculapius. As the Greek physicians were at this period teaching the enlightened medical precepts of Hippocrates and his successors, we must hope that a medical staff accompanied the serpent; and it would seem probable that such was the case and that this

became a teaching centre, for Lanciani says: "The island became the greatest sanitary institution of the metropolis, and has ever since been devoted to hospital uses. The present hospital of San Giovanni di Calabita stands near the site of the old Æsculapian temple."

Perhaps the graciousness of the Greek spirit softened a little the stern and practical character of the old Romans. At any rate the picture given of the influence of the new cult by Walter Pater in *Marius the Epicurean* is a charming one. Marius, when a young lad, was taken to a temple of Æsculapius,

among the hills of Etruria, as was then usual in such cases, for the cure of some boyish sickness. The religion of Æsculapius, though borrowed from Greece, had been naturalised in Rome in the old republican times; but had reached under the Antonines the height of its popularity throughout the Roman world. . . . *Salus*, salvation, for the Romans, had come to mean bodily sanity. The religion of the god of bodily health, Salvator, as they called him absolutely, had a chance just then of becoming the one religion; that mild and philanthropic son of Apollo surviving, or absorbing, all other pagan godheads. The apparatus of the medical art, the salutary mineral or herb, diet or abstinence, and all the varieties of the bath, came to have a kind of sacramental character, so deep was the feeling, in more serious minds, of a moral or spiritual profit in physical health, beyond the obvious bodily advantages one had of it; the body becoming truly, in that case, but a quiet handmaid of the soul. The

priesthood or "family" of Æsculapius, a vast college, believed to be in the possession of certain precious medical secrets, came nearest, perhaps, of all the institutions of the pagan world to the Christian priesthood; the temples of the god, rich in some instances with the accumulated thank-offerings of centuries of a tasteful devotion, being really also a kind of hospitals for the sick, administered in a full conviction of the religiousness, the refined and sacred happiness, of a life spent in the relieving of pain.

When Marius goes to walk in the temple garden, summoned by one of the "white-robed brethren," his guide points out to him in the distance the "Houses of Birth and Death, erected for the reception respectively of women about to become mothers, and of persons about to die; neither of these incidents being allowed to defile, as was thought, the actual precincts of the shrine." [1] Later, when he visited the temple itself,

his heart bounded as the refined and dainty magnificence of the place came upon him suddenly, in the flood of early sunshine, with the ceremonial lights burning here and there, and withal a singular expression of sacred order, a surprising cleanliness and simplicity. Certain priests, men whose countenances bore a deep impression of cultivated mind, each with his little group of assistants, were gliding round silently . . . as they came and went on their sacred business. . . . In the central space . . . stood the image of Æsculapius himself . . . not of an

[1] *Marius the Epicurean*, by Walter Pater, pp. 24, 25.

aged and crafty physician, but of a youth, earnest and strong of aspect, carrying an ampulla or bottle in one hand, and in the other a traveller's staff, a pilgrim among his pilgrim worshippers; and one of the ministers explained to Marius this pilgrim guise: One chief source of the master's knowledge of healing had been observation of the remedies resorted to by animals labouring under disease or pain,—what leaf or berry the lizard or dormouse lay upon its wounded fellow; to which purpose for long years he had led the life of a wanderer in wild places.[1]

Of enormous importance, as Lanciani points out, in the prevention of fevers and the general influence on the public health, were the colossal engineering feats carried out by the Romans, viz., drains, aqueducts, good roads, drainage and cultivation of the Campagna; and, not least of all, proper cemeteries, for the old ones had been inconceivably dreadful. Lastly, there was developed a system of organised medical help. Julius Cæsar was the first statesman to dignify the study of hygiene by recognising its teachers as professors of the liberal arts, with rights of citizenship. Nero organised a medical service for Rome and named a superintendent of court physicians. Schools of medicine were opened and the students formed themselves into corporations.[2] A practical knowledge of medicine and surgery was cultivated

[1] *Marius the Epicurean*, by Walter Pater, Macmillan Co., New York and London, 1896, pp. 27, 28.

[2] Lanciani, *op. cit.*, pp. 64–72.

among the slaves of rich patrician families, many of whom became very skilful and were often set free in gratitude and recognition of their services. It is mentioned that Augustine was cured by his freedman with fomentations and cold compresses. Massage and baths reached perfection among the Romans, as they had done among the Greeks in connection with athletic training, and the care of the body in sickness became as highly developed as in Greece. Rubbing and washing, warm and cold baths, both for cleanliness and for therapeutic uses, steam, oil, hot sand, steambox baths, and sitz-baths were all in use,[1] and there was ,a class of professional masseurs, the *iatraleptæ*.[2] The best care and nursing in the knowledge of the Romans was given to the soldiers. Haeser tells us that in the time of Fabius wounded soldiers were carried to private houses. They were later cared for, when sick, in tents or separate buildings and nursed "by women and old men of irreproachable character."[3] Later there were military hospitals called *valetudinaria*, and a class of orderlies as nurses, the *nosocomi*. Private persons also supported similar institutions for their slaves, where the masters often treated them themselves. Very interesting remains of such a (military?) hospital have lately come to light in excavations near Baden, in Switzerland. It was divided into

[1] Brenning, *op. cit.*, p. 102.

[2] *Considérations sur les Infirmières des Hôpitaux*, by Anna Emilie Hamilton, M.D. Montpellier, 1900.

[3] *Ibid.*

fourteen rooms, and the number and kinds of appliances discovered show that the technique of nursing must have been far more advanced than had hitherto been supposed.[1] There were found measuring utensils and medicines and ointment jars, injection points, bulbs, tubing, etc.[2]

An equally interesting discovery was made in Pompeii and described in 1880 by Dr. Dake,[3] who thus relates his visit:

While looking through the great museum in the city of Naples my attention was arrested by a collection of surgical instruments comprising scalpels, scrapers, elevators, forceps, drills, and a well-made vaginal speculum, with a card attached saying they were all taken from the ruins of Pompeii. Afterwards, while searching through the uncovered buildings in the streets of the old city, I asked the guide if he could show me the place whence the instruments had come. He promptly replied that they all came from one building. We had traversed many well-worn streets and seen many objects of interest when our guide, taking us through a good-sized doorway into a large room, said, "I will now show you the place where the instruments were found." The large room extended from the street back the full depth of the building, and on the right-hand side, about midway from front to rear, was a hall running off at right angles with a number of small rooms on either

[1] *Beiträge zur Geschichte des Krankencomforts*, by Dr. Paul Jacobsohn, *Deutsche Krankenpflege Zeitung*, 1898, p. 141.

[2] Brenning, *op. cit.*

[3] *Remains of a Hospital in Pompeii*, I. P. Dake, M.D., *The Medical Counsellor*, May, 1880.

side. In the first room on the left of the hallway the instruments were found all in one spot. Surveying the premises it was quite evident to me that we were in a veritable hospital, but there was no sign to tell whether it had been a public or a private hospital — whether erected by many-handed charity or a private taberna.

The *tabernae* or surgeries introduced by the Greeks resembled dispensaries rather than hospitals, but this instance suggests the extreme probability of an extension to accommodate at least temporarily patients who had been operated on.

Lanciani attributes to the influence of Christianity the organisation under Antoninus Pius of the first service of public assistance, by which compulsory and gratuitous medical service was provided for the poor. It was directed in each town by medical chiefs, who were elected by the town councils and approved by the heads of families. But free or general hospitals, even in a rudimentary form, were not known in Rome much before the third century of the Christian era.[1]

The ancient Romans were not tender-hearted like the Buddhists, or sunny and gracious like the Greeks, or conscientiously charitable like the Jews. A military civilisation is never distinguished by the cult of humanity, and military, imperialistic Rome was deficient in pity, or at least lacking in

[1] Lanciani, *op. cit.*, p. 68.

the imagination which stirs pity. But Lecky reminds us how unjust it is to judge of pagan, as compared with Christian societies, by a mere comparison of their charitable institutions, and especially as the tendency of many writers has been to record only the most hideous facts of pagan society and to ignore all its milder features.[1] He points out the fact that both ancient Greece and Rome were free from the superstition of demoniacal possession which has involved the sick and insane in so much misery at other periods of the world's history. "A demon, in the philosophy of Plato, though inferior to a deity, was not an evil spirit," and it was "extremely doubtful whether the existence of evil demons was known to either the Greeks or Romans until about the time of Christ."[2] The belief in evil spirits, in fact, came from Assyria and Babylonia. Lecky mentions, further, the state relief of the poor in ancient Greece and Rome, always regarded as an important duty of the state, and many Roman charities, namely, the support of poor children and needy young girls, and the distribution of medicine to the sick poor. He cites Epaminondas, who ransomed captives and gave dowers to penniless maidens, and Cimon, who fed the hungry and clothed the naked, and recalls the inadequate notion of modern charity and benevolence that would be imparted by modern memoirs and poems. The most

[1] Lecky, *op. cit.*, vol. i., p. 73.
[2] *Ibid.*, vol. i., p. 380.

enlightened principles of genuine relief-giving based upon justice are expressed by Cicero, who wrote: "We must take care that our bounty is a real blessing to those we relieve; that it does not exceed our own means; that it is not derived from the spoliation of others; that it springs from the heart and not from ostentation; that the claims of gratitude and justice are preferred to mere compassion, and that due regard is given both to the character and the wants of the recipient."[1] Nevertheless the record of ancient Rome, based upon slavery and militarism, falls far short of other pre-Christian nations in medicine, in nursing, and the humanities in general.

[1] Lecky, vol. i., p. 79.

PART II

FROM THE FIRST TO THE CLOSE OF THE EIGHTEENTH CENTURY

CHAPTER I

WOMEN WORKERS OF THE EARLY CHURCH

BETWEEN the nurses of the pre-Christian civilisation and our own the historical links are broken, but there is a continuity of record from the days of the early Christian workers throughout nearly two thousand years to the present day. The marvellous activity of the early Church in works of love and mercy swept into its current thousands of men and women who, responding with eagerness to the summons of one of the greatest of teachers, lived thereafter only to show forth again in their lives the love which had changed the face of the earth for them. In this movement the large share taken by women was as conspicuous as it was significant. Yet it is a mistake to assume, as many evangelical writers do, that the status of women was strikingly or for all time elevated by Christianity. Many such historians, in panegyrising the benefits conferred upon women by Christianity, have greatly overstated their case, wholly ignoring, under paganism, all but the worst and most degraded conditions, and con-

trasting these solely with the just and lofty teachings of Christ. As a matter of fact, the position of women, socially and legally, was not always low under the old religions, nor has it been by any means always high under the new. It has had its cycles, like other social phenomena. While in Eastern nations it is at present servile, such has evidently not always been the case in, at least, Egypt and India; nor can we recall the many noble female figures of the Old and New Testaments without realising the respect in which the Jews held their women. Then, among ancient Northern and Western nations the position of women, as is well known, was notably favourable.

They were indeed regarded with veneration, and shared in the councils and deliberations of the men. "In the songs of the Eddas the goddesses are represented not only as sitting in halls on an equality with the gods, but also as meeting in council together and giving their opinions, which were listened to with respect. The Gauls and Germans regarded women as possessing something divine in their characters and as communicating with the gods more easily than the men." [1]

Indeed the advice of women was honoured because it was believed that something prophetic and divine dwelt in them. These "very Germans who shattered the Roman Empire, and scarcely knew what obedience was, willingly bowed their

[1] *Womankind of All Ages in Western Europe*, by Thomas Wright. London, 1869, pp. 27–37.

haughty necks before their women. The woman was to the ancient German something sacred; hers was the privileged sex which stood in closer relation to the divinities."[1]

These Northern women whose position was so high were also the physicians and surgeons, as well as the nurses, of their race. Fort says that at a remote period the feminine Druids and wives of Northern princes had a just renown for medical skill.[2]

In the mystic cult of Norse deities, priestesses were reputed to possess such medical knowledge as enabled them to cure diseases regarded as incurable elsewhere. Pilgrimages were made to the tombs of Scandinavian women who had been famed in medicine, as they were later made to the tombs of medical and nursing saints. Among the ancient Germans the women were famous for medical skill and were experts in obstetrics and veterinary medicine. The account given by Tacitus of the part taken by the wives of Germans in dressing the wounds of warriors is referred to in every medical history. The view of some modern medical historians, that the practice of medicine was left to the women because it was thought

[1] *Die Weibliche Diakonie, in ihrem ganzen Umfang dargestellt.* In 3 vols.; Th. Schäfer, Stuttgart, 1887, vol. 1, p. 271. Quoted from older sources, as also: "The old German term for woman, now obsolete, survives only in an obscure form in the English word 'queen.'"

[2] *History of Medical Economy during the Middle Ages,* by Geo. F. Fort, M. D., Quaritch, London, 1883, Chap. iv.

degrading to men, does not seem very plausible in view of the great importance attached to health.

Undoubtedly in classic Greece women were secluded and treated as children. This does not appear to have been the case in Homeric times, and in Rome the women of the old patrician families enjoyed an exalted social position. Although the strict legal code of Rome assigned to a married woman the position of an absolute chattel of her husband, yet it is only fair to remember that similar laws still disgrace modern statute books, and, from the time of the Punic wars, with the gradual falling into abeyance of the old paternal power, and the extended use of the free marriage contract which left the matron her own name, her legal independence and the control of her own property, the Roman lady actually occupied a position of freedom and great dignity. "The Roman matron from earliest times had secured to her by family religion a dignified and respectable position. . . . In the early years of the empire her status both in law and in fact really rose. She became more and more the equal and companion of her husband and her influence in public affairs more decided."[1]

Under the old marriage law the supreme power of the father over the child had passed from the parent to the husband. But during the empire the Roman law recognised two classes of marriage:

[1] *Roman Society in the Last Century of the Western Empire*, by Samuel Dill, London, 1898. Book II., pp. 137–138.

the strict one, considered under the republic as the most honourable, which made the wife the property of her husband, and the personal contract or free marriage, which was a co-equal partnership and left her in a position of social importance and legal independence in the control of her own property.[1]

Lecky says: "In the whole feudal legislation women were placed in a much lower legal position than in the Pagan Empire. Wherever canon law has been the basis of legislation laws of succession have sacrificed the interests of wives and daughters."[2]

It is not, therefore, possible to make the general claim that Christianity greatly elevated the position of women; but the essential and inestimable service that it conferred upon them was in enlarging vastly their opportunities for useful social service, notably by opening the way to honourable and active careers for the unmarried. Hitherto the general view had been held that, with the exception of certain recognised limited castes, such as the priestesses or temple women, or the Vestal Virgins, there was no place or dignity for women outside of marriage. With the dawn of our era, this conception was destroyed and the right of the single woman to a position of usefulness and responsibility was established, with results that can hardly be overestimated. It was

[1] Lecky, *op. cit.*, vol. ii, pp. 304–306.
[2] *Ibid.*, vol. ii., 339.

a part of the teaching of brotherhood which cut at the roots of slavery by acknowledging the sovereign individual in each human being. Under this new and gracious ideal arose a fresh activity and aspiration for humanity, in which women took a prominent part.

The earliest orders of women workers in the Church, and the ones especially concerned with nursing, were those of the Deaconesses and Widows. Later appeared the Virgin, the Presbyteress, the Canoness, and the Nun.[1]

Of these the first two and last only, played a part in nursing. The others had ecclesiastical duties. The canoness served in choir, at funerals, and other ceremonies, and was not bound by vows to community life. The chronicles of Christian nursing begin with the diaconate,[2] which included men and women having similar functions, the chief of which was the care of the poor and the sick. From the earliest apostolic times deaconesses were placed on a level with deacons, and the title "diakonus," as used by St. Paul in speaking of Phebe of Cenchrea, was applied equally to men and women. This is emphasised by many writers, and at least two have suggested

[1] For explanation and interesting details of each see *Handbook to Christian and Ecclesiastical Rome*, by M. A. R. Tuker and Hope Malleson. Macmillan & Co., London and New York, 1900. In three vols.

[2] The probable origin of the word "diaconate" is related in Acts, chap. vi. The verb *diakonein*, to serve, had had especial reference to "serving tables" or distributing alms,

that the translation of the word "diakonus" in the New Testament as "servant," when applied to Phebe, while not so translated in any other connection, attests probably a reluctance on the part of the translators to admit the equality of women and men in the early church.[1] Nor did the women monopolise the nursing. On the contrary, as in ancient times, a large share of these duties was assumed by man, whether as physician, neighbour, or priest, so in the early Christian period, and for centuries thereafter, men of the priestly caste, or belonging to military or religious orders, have been responsible for at least one half of the nursing service through mediæval times up to a very recent period.

Phebe (A. D. 60), the friend of St. Paul who enjoys the distinction of having been the first deaconess, is believed to have had social standing and wealth. Her journey to Rome, with the statement of St. Paul "she hath been a succourer of many and of myself also," with other historical data, point to her as having been a woman of importance and dignity.

The deaconess, ranking with the clergy, was

but, according to some writers, the noun was used by Christ and the apostles in the sense of a "minister." Deacons, says Haeser (*op. cit.*, p. 9), were a Christian transformation of the temple servants of the Jews and pagans.

[1] See *Deaconesses in Europe*, by Jane M. Bancroft, Ph.D., New York, Hunt & Eaton, 1890, p. 14; also *Deaconesses Ancient and Modern*, by the Rev. Henry Wheeler, New York, Hunt & Eaton, 1889, pp., 45–46.

ordained by the bishop, with the consent of the congregation, by the laying on of hands. Her duties, like those of the deacon, were both secular and clerical. She was the first parish worker, friendly visitor, and district nurse, and from her day the work of visiting nursing has never been unknown. Although all converts to the primitive Church, more especially women with leisure, regarded it as a sacred duty to comfort the afflicted, it was the special duty of the deaconess to attend the sick in their own homes. She also visited prisoners, assisted the needy from the church funds, counselled the afflicted, and carried the messages of the clergy. Her religious duties were very important, and of greater extent than those of her sister the modern Protestant deaconess. She taught, catechised, and brought the women converts to baptism or baptised them herself; stood at the women's door in the churches and showed them their places; brought them to the Lord's Supper and assisted at the altar during the sacrament. Tuker and Malleson, who give more explicit details than many writers, say: "The terms used for the ordering of men and women clergy were always identical. Both were ordained by the imposition of hands. The new deaconess then sang the Gospel. The bishop placed the stole on her neck, after which she took the veil or pallium from the altar and clothed herself with it. She also received a maniple, ring, and crown. . . . She administered

the sacraments to the confessors in prison, and in the mass communicated the women with the Cup, the deacons communicating the men. In some places she read the homily, and deaconesses are mentioned in several ancient lectionaries."[1]

The order of deaconesses spread far and wide, over the provinces of Asia Minor, into Syria, Rome, and throughout Italy, into Spain, Gaul, and Ireland. It was especially active in the Eastern church, where Oriental ideas made women missionaries so necessary; less so in Rome, where the orders of widow and virgin became more prominent; most of all dignified, perhaps, in Gaul and the ancient Irish church, where, the position of women in general being high, the deaconess played up to a late period a rôle far more important than was known outside of small congregations in the Eastern or Western church, and served at the altar in all functions. Beside the deaconess, subdeaconesses are mentioned in records dating from the third century. They were not ordained by the imposition of hands, and did not count as a sacred order, but were elected with the consent of the clergy by the bishop.[2] There were also archdeaconesses. St. Gregory of Nyssa speaks of his sister Macrina as an archdeaconess. The primitive deaconess might be married, or a widow, or virgin. It was not until the second century that the sentiment in

[1] Tuker and Malleson, part iv., pp. 526–527.
[2] *Ibid.*, part iv., pp. 522–524.

favor of celibacy became pronounced, and after that date the deaconess was required to be "a pure virgin, or at least a widow who has been but once married." She might also, as was equally the case with the other orders of women workers, live in her own home, nor is it clear that she at first wore a special dress. The fourth council of Carthage mentioned a special dress for deaconesses who have "put away their lay garments," and a fresco from the catacomb Hermetis, representing two widows and deaconesses at the bedside of a sick person, shows them in an ample tunic with a stiff head-dress going round the face. The deaconess' liturgical dress was the diaconal alb, maniple, and stole.[1]

The deaconess likewise, at first retained control over her property, and a state law then forbade her to enrich churches and institutions at the expense of those having just claims on her.[2]

The letters of Chrysostom, who from 398 to 407 was bishop of Constantinople, give much of interest regarding the notable women there who were connected with the church: Amprucla, whose "manliness"—manly virtues, freedom of speech, and boldness—he admired; Pentadia, the widow of a Roman consul; Procla, Sabiniana, Olympia; Praxides and Pudentiana, the daughters of a Roman senator; Nicarete, a noble virgin whom he in vain urged to become a deaconess, but

[1] Tuker and Malleson, part iv., pp. 526–527.
[2] Bancroft, *op. cit.*, quoting from old writings.

who devoted herself voluntarily to visiting nursing; and Macrina, who was ordained as a young girl. The most famous of these was Olympia who, in addition to a noble and lofty character, much sweetness, and the power of organising and leading others, had the worldly advantages of great wealth and commanding social position. She was the wife of the prefect of Constantinople, was a widow at eighteen and an ordained deaconess at twenty years. The story is that after the death of her husband the emperor Theodosius wished to marry her to one of his kinsmen, and on her refusal threatened her with confiscation of her fortune (which was probably what he really wanted). Being moved, however, by her ready acquiescence in the loss of her wealth and by her spirit of perfect unselfishness, he gave it back to her, and she used it throughout her life in the most lavish alms. Olympia was prominent during the ministry of three bishops, Gregory Nazianzen, who taught and helped her greatly, Nectarius, who ordained her as deaconess, and Chrysostom. The period of her activity in Constantinople is regarded as the very zenith and flower of the work and influence of the deaconess in the Eastern Church, and the clergy speak of the deaconess of that day as the joy of the Church.

The order was now distinctly ecclesiastical; the selection and control of the deaconesses lay entirely in the hands of the bishop, and rich and noble women were grateful for the privilege of entering

this calling. It would appear that the staff of deaconesses and other women workers under the direction of Chrysostom, of whom there were forty, lived a communistic life under the immediate guidance of Olympia.[1] It is a pity that Chrysostom, as his letters show, continually suggested to his flock the less admirable motives of the merit of austerity and bodily untidiness, the consciousness of holiness and the hope of reward. Even making allowances for the style of Oriental eloquence, the praise which he lavishes on the women of his flock must have had a somewhat unwholesome effect if it did not disgust them. He reminds Olympia in the most fervent manner of her many good deeds and virtues, tells her to "be proud, and rejoice in the hope of these crowns and rewards"; he praises her asceticisms, by which she brought her body to such a state that, as he expressed it, "it lies no better than slain; and thou hast brought upon thyself such a swarm of diseases as to confound the physician's skill and the power of medicine." More considerate of others than of herself she sent drugs for his own use to Chrysostom when he was in ill-health.

It is not very easy to reconcile the first pictures of Olympia, the beautiful young wife of a Roman prefect, with a later description of her appearance, in one of this enthusiastic old man's letters to her: "For I do marvel at the unspeakable coarseness

[1] K. Götz in *Zimmer's Handbibliog. der praktischen Theologie. Der Diakonissenberuf*, Gotha, 1890.

of thy attire, surpassing that of the very beggars; but above all, at the shapelessness, the carelessness of thy garments, of thy shoes, of thy walk; all which things are virtue's colours." Again, Palladius, a contemporary, says of her, "She abstained from animal food, and went for the most part unwashed."[1]

The widows and virgins, over whom the deaconess at certain periods exercised some supervision, are also classed as orders of the clergy,[2] though of a lower rank than the deaconess, and they were closely related to her in her duties, for they appear to have shared extensively in the work of relief and of nursing. Appointments to the diaconate, moreover, were frequently made from among the numbers of widows and virgins. The qualifications of the widows who were to be supported by the church are mentioned in 1 Tim., chapter v. From the first the church kept a list of persons entitled to a fixed allowance from the church funds. The list was called the matricula, and included the clergy of both sexes, the consecrated virgins, the old, widowed, and poor.[3] From among the widows thus maintained there was a special ecclesiastical class or order enrolled and ordained, called the *Ordo Viduarum* or viduate. This class, though only a small one in

[1] Wheeler, *op. cit.*, p. 122.

[2] See Tuker and Malleson, *op. cit.*, part iv., *The Ecclesiastical Orders.*

[3] *Ibid.*, part iii., p. 203.

any community, became one of great dignity. The ecclesiastical widows presided over the Christian assemblies, constituted a bench of women elders, and taught.[1] To another and larger class of widows belonged those who, holding the thought of a second marriage in abhorrence, took a vow to remain widows, and usually donned some distinctive dress, though continuing to live in their own homes. At first privately made, such vows were later undertaken in the presence of a bishop, though still privately, but still later became a public function and the order became merged with those of the *monastriæ*, or nuns. The widows were very active in good works, and later, as we shall see, took a prominent part in the development of hospitals. Haeser says of them: "The widows at a very early time had an extensive and greatly blessed activity in the inner life of the congregation."

In the mosaics on the walls of the ancient churches at Ravenna stand, in white array, processions of grave and charming damsels, the Ecclesiastical Virgins, typical of the youthful freshness and earnestness of the time.

Philip's four daughters, "virgins, who did prophesy," were perhaps among the first of the early Christian virgins. According to Tuker and Malleson, "the cult of virginity was one of the most startling of all the unlikenesses between the newer

[1] Tuker and Malleson, *op. cit.*, part iv., pp. 517, 519

Alinari, No. 18232

The Ecclesiastical Virgins in the Church of S. Apollinare in Ravenna

Christian and the old pagan society."[1] Only with difficulty had the number of six Vestal Virgins been kept up in Rome, but now groups of virgins voluntarily formed themselves into communities, first in Africa and the East, and later in the West. The early consecrated virgins lived at home, and moved about freely. There was at first no suggestion that the widow or maiden who vowed continence need necessarily seek seclusion or solitude.[2] Helyot says, "Though the church had always had holy virgins, they had not always lived a communistic life," and Tuker and Malleson say, "Enclosure formed no part of the life of the canonical virgin of the early Church."[3] But with the close of the third century there were numerous communities, and Gibbon speaks of the "stately and populous city of Oxyrinchus, which had devoted the temples, the public edifices, and even the ramparts, to pious and charitable uses, and where the bishop of twelve churches could compute 10,000 female members . . . of the monastic profession."[4] But, although new in Rome, the spectacle was not new to the ancient world, for in Hindoo legends both Brahma and Buddha claim long lines of monks and nuns.[5] The sacred books

[1] *Op. cit.*, part iii., p. 15.

[2] *Women under Monasticism*, by Lina Eckenstein, Univ. Press., Cambridge, 1896, p. 14.

[3] *Op. cit.*, part iii., p. 41.

[4] *The Decline and Fall of the Roman Empire*, vol. iv., p. 308.

[5] *Monks and Monasteries*, Alfred Wesley Wishart, Trenton, 1902, p. 19.

of Ceylon speak frequently of priestesses, even to the number of thousands, and it would also appear that this calling was sometimes at least a voluntary one, and without irrevocable vows, for one reference is made to a priestess who married, "who had not so mortified herself as to renounce the world."[1] The Egyptians had many priestesses or temple women; "the celibate communities attached to the Egyptian temples were of both sexes."[2] Although few in number, the Vestal Virgins enjoyed a rare dignity of position, and in the Western World, in ancient Peru, the Virgins of the Sun to a certain extent might claim relationship with other religious communities of women.[3]

The ecclesiastical or canonical virgin ranked with the clergy. Unlike the deaconess the virgin was not ordained, but was consecrated. "The rite of consecration of a virgin is one of the oldest, as it was one of the most important, in the primitive church."[4] She was distinguished by a white veil, but in Rome the earliest distinguishing mark of her dress was a gold fillet, the symbol of virginity. At a much later date a ring and bracelet were added.[5] The rank of the ecclesiastical virgin, originally shared by both men and women, exists to-day only in the consecrated nun, who is

[1] Upham, *op. cit.*, vol. 2, p. 121.
[2] Tuker and Malleson, *op. cit.*, part iii., p. 15.
[3] See Prescott, *Conquest of Peru*, vol. i., p. 113.
[4] Tuker and Malleson, part iii., p. 129.
[5] *Ibid.* part iii., p. 34.

her lineal descendant.[1] Not the deaconess, but the virgin and widow, were merged in the nun.[2] The order of deaconesses did not become monastic, but died away, and the convent replaced it. Syncletia, the sister of Pachomius, who was the first to introduce a monastic rule, is sometimes called the Mother of Nuns. Reputed to have been wealthy, noble, and beautiful, and reared by very pious parents, she, with her sister, dwelt for years in a tomb near Alexandria, where she taught the "many widows and virgins" who came to learn from her and eventually formed a community around her.

The titles of deaconess, widow, and virgin are used with perplexing indefiniteness in many old writings, but it is clear that the form of ordination or of consecration used in each case can alone define the differences. For widows and virgins might become deaconesses. Further, as the Roman title Widow did not mean a widow in fact, but was a general title of age and dignity, young women and even young girls were admitted to the viduate. Tuker and Malleson state that by the sixth or seventh century the rite used was a compound of the consecration of a widow-nun and

[1] Tuker and Malleson, part iii., p. 16.

[2] Tuker and Malleson state (part iii., p. 108) that the Carthusian nuns still retain, in the form of consecration after four years of profession, the ancient Christian rite of Ordination of Deaconesses, joined to the rite of Consecration of a Virgin, as a relic of their first rule,—that of St. Cesarius of Arles. These are the only nuns who have kept it.

the ordination of a deaconess; that by such a form the Frankish and Saxon widows or nun-deaconesses were consecrated, and that thus the title remained long after the ecclesiastical office had ceased.

The spheres of activity both of deaconess and widow were gradually limited and curtailed by the ever-vigilant reluctance of men to admit women to positions of authority. The widows were the first to feel the pressure. Schäfer says:[1]

> The widow had at first been called the Altar of God: she taught and expounded the faith. Toward the third century she was jealously and continually forbidden public teaching, and every attempt to develop into the higher positions, or province of men, was rigorously put down. The Apostolic Constitutions make clear the suppression of the widow's function of teaching and assign her a rôle of humility and submissiveness, modest stillness, gentleness, and homekeeping. She was to sing, pray, read, watch and fast, spin wool and make gifts of it.

Schäfer continues:

> The evolution of the third century was unfavourable to the widows and their office. As regarded the "selected" or "appointed" widows of the older institution of widows, who, as the eldest, occupied a foremost position among women and were teachers of the younger ones, there was developed an uncertainty in their relation to the priestly function. Tertullian

[1] *Op. cit.*, vol. I., pp. 41–44.

and Origen found it necessary to remind them of the lawful limitations of women's work and position. The deaconesses, on the contrary, were much better adapted to a hierarchal order. They did not, like the older women, assume a lofty position. They were servers. The choice of the deaconess lay entirely in the hands of the bishops, while the choice of widows, as prescribed by the apostle, could not be so controlled, as it had to depend on the conditions. If a widow was suitable and her circumstances such as the apostle had mentioned she could not but be admitted. The deaconess was in much stricter subordination to the clergy.[1]

It is easy to guess from all this that the widows sometimes crossed the priestly paths in regard to the details and practical management of their work—undoubtedly often having superior knowledge and experience, and they probably often had to contest, or even refuse, the directions they received.

But the democracy of the early Church had given the deaconess also too large a sphere. The prominence of women permitted by the Montanists, a sect that had women as bishops and presbyters, and the extraordinary claims made by some of these women who posed as prophetesses, and assumed a place in the Church in every respect equal to that of men, naturally came to be strongly opposed by the clergy, especially in regard to their giving the sacrament, and the female dia-

[1] *Op. cit.*, vol. i. p. 47.

conate thereby became somewhat discredited. In the Western Church (Rome) deaconesses were abolished so early that by the year 251 the Roman parishes had no more female clergy. The widows who continue to be mentioned were the objects of church charity, and were employed to visit the sick. Ambrosius declared it to be a Montanistic error for women to exercise churchly functions; though the order of deaconesses continued in the Eastern Church, and though among the Priscillianists deaconesses played an important rôle, new priestly rules and edicts were continually appearing to limit and repress their functions.[1] With the spiritual repression came also the economic compulsion. In the sixth century appeared edicts forbidding the deaconess to marry, or even to choose any other mode of life, under penalty of death, and providing for the confiscation of her property in such case, for the use of the church or convent to which she had belonged.[2]

The female diaconate lasted in the East as an institution until the eighth century, but Schäfer says that from the end of the fourth it steadily declined in importance. It was deprived of its clerical character by the decrees passed by the Gallic councils of the fifth and sixth centuries. It was finally entirely abolished as a church order

[1] *Real-Encyklopädie für protestantische Theologie und Kirche* (Herzog and Hauck, Leipzig, 1898), art., "Diakonissen," *von* Hans Achelis.

[2] See Wheeler, *op. cit.*, p. 86.

by the Synod of Orleans, 533 A.D., which forbade any woman henceforth to be ordained as a deaconess. True, this ruling was often ignored, and deaconesses continued to survive in some parishes, even in France. About the year 600 A.D. the Patriarch of Constantinople, godfather of the Emperor Mauritius, built for his sister, who was a deaconess, a church which for centuries was called the Church of the Deaconesses. In 670 the Council of Autun forbade women to ascend to the altar. In the twelfth century there were still deaconesses at Constantinople, who were spoken of by the Patriarch of Antioch as "Virgins . . . consecrated to God, except that they wore the garb of the laity . . . and at forty years old they received ordination as deaconesses."

The order of deaconesses of the early Christian Church may be well contemplated with affectionate respect as having laid the foundations of the nurses' calling and of all modern works of charity. Probably no sweeter examples of lives spontaneously spent in loving service are to be found in the world than those of the workers of the early Christian Church, while the pure glow of the Master's teaching was yet undimmed, and before worldly ambition and selfishness had crept in. After her waning, many looked back upon the primitive deaconess as the type and pattern of excellence in good works, and in subsequent efforts to return to simpler forms of faith, such as those of various sects, there was always some attempt made to

recall her into activity. So, too, Vincent de Paul, single-hearted and devoted, held up to the Sisters of Charity the ideal of the women of the apostolic church as their pattern. Authorities differ as to whether Luther was in favour of such a revival, but it seems conclusive that, although he was liberally disposed toward such work for women, he did not urge it. In his time there was great prejudice against churchly orders. In the century after Luther other sects returned to the primitive order of deaconesses, as we shall later see, and it was this yearning that prompted the Kaiserswerth revival of the work of the deaconess, which, through Miss Nightingale, influenced so directly and strikingly the development of modern secular nursing. There has been no more attractive subject than the deaconess for the controversy of learned pastors. Shelves full of books have been written upon her, proving what she was, and what she was not; what she ought to be, what she might be; what she did and what she did not do; that she did preach, and that she did not; that she officiated at the altar, and that she did not; that she was but a poor copy of the nun, and that the two were as far apart as the poles. Nor has any woman received more eulogistic praise and encomiums. Pastor Wilhelm Löhe wrote of her as follows:

I am neither a painter nor a singer; if I were I would paint the deaconess as she is in her various occupations and life works. There should be a row of pictures and as many songs. I would paint the

deaconess in the stable, and at the altar; in the laundry, and when she clothes the naked in the clean linen of pity; in the kitchen, and in the hospital ward; in the field, and with the thrice holy in the choir, and when she alone with the communicant sings the *Nunc Dimittis*. I would paint all possible pictures of the vocation of deaconess, and why? Because she can do and does do the least and the greatest. She is not ashamed of the lowliest service and she does not fail in the highest. Her feet in the mire and dust of lowly work; her hands on the harp; her head in the sunlight of prayer and the knowledge of God. So would I place her on the title page of the whole collection and underneath I would write: "Labour can she—and make sweet music—and sing praises."

When we add to this characteristic picture of a man's conception of the possibilities of work for one woman the crowning advantage—that this all-useful woman was entirely under masculine control, almost without wish or purpose of her own—it is easy to understand the eulogies and the encomiums.

CHAPTER II

EARLY HOSPITALS AND THE ROMAN MATRONS

THE early Christians, following the ancient sacred custom of hospitality with the new motive of loving service added, held their goods in common and opened their houses freely to the sick and destitute. The deacons and deaconesses were especially zealous in seeking out cases of need, and not only nursed the sick by a system of visiting nursing, but brought them when necessary into their own homes to be cared for. The bishops, who were natural centres towards whom the afflicted gravitated, kept open house, and wealthy or well-to-do members of their congregations followed their example. This was the simple original form of the modern hospital and of all other varieties of charitable institutions. The diakonias, as these organised home hospitals soon came to be called, associated the diaconate with the work of nursing, so much that the term diakonus came later to be synonymous with hospital or nursing director. As late as the ninth century Rome still had twenty-four such diakonia, and

many of them remained until modern times under the name of the church with which they were connected.[1]

With the growth of the congregations the poor flocked to them, and the gradual abolition of slavery, the oncoming of persecution, martyrdoms and outward enmity created a mass of misery far beyond anything that individual efforts could overcome, and which therefore, required the united help of all. As the homes of bishops became too small to meet the demands of hospitality, new apartments, wings, and cloisters were added to them. Thus simply and naturally grew up the Christian xenodochium, or home for strangers, the expression of brotherly love, and the descendant of the ancient institution which had been the expression of civic hospitality. Haeser mentions an interesting example of this growth of the house of the clergy in Würzburg, where attached to the cathedral is the episcopal dwelling, still showing the two ancient divisions into the "domus hospitum," and the "domus hospitalis"; or the separate apartments for the ordinary traveller, and for those who were sick or poor.[2] The evolution, then, of the earliest forms of Christian care of the sick was: diakonia, or rooms in private houses: xenodochia, amplifications of the diakonia; and finally, hospitals; while the forms of the earliest nursing organisations, beginning in the congregation, passed

[1] Haeser, *op. cit.*, p. 9.
[2] *Ibid.*, p. 14.

through the diaconate, the widows' sisterhoods, the parabolani, to monks and nuns.

One of the earliest known instances of nursing in the noble struggle against misery waged by the early Christians was during a violent pestilence in Alexandria between the years 249 and 263 A.D. This, says Hecker, was the last extensive epidemic of the antique or Thucydidian pest, which presented a group of symptoms not repeated in later epidemics. (He also mentions, though without nursing details, a similar earlier one in Carthage.)[1] At this time of public calamity the Christians, regardless of the danger to their own lives, visited, relieved, and attended the sick and comforted the dying. St. Dionysius said, "Thus the best of our brethren have departed this life: some of the most valuable both of priests, deacons, and laics."[2] Another notable instance was connected with a frightful epidemic in Edessa, about the year 350 A.D. The inhabitants were in despair, and the wealthy citizens, though willing to give freely of their means to stay or mitigate the plague, knew of no honest or capable agent to undertake the relief. In this extremity came out of his retirement Ephrem—a deacon of Edessa, who, though he was the greatest orator and poet of the Syrian church, had gone to the desert as a "solitary" —and offered his services. With the money

[1] *Die Ursprung Christlicher Krankenpflege. Medicinische Zeitung*, Berlin, May, 1834, p. 97.

[2] Butler's *Lives of the Saints*, vol. ii., p. 274.

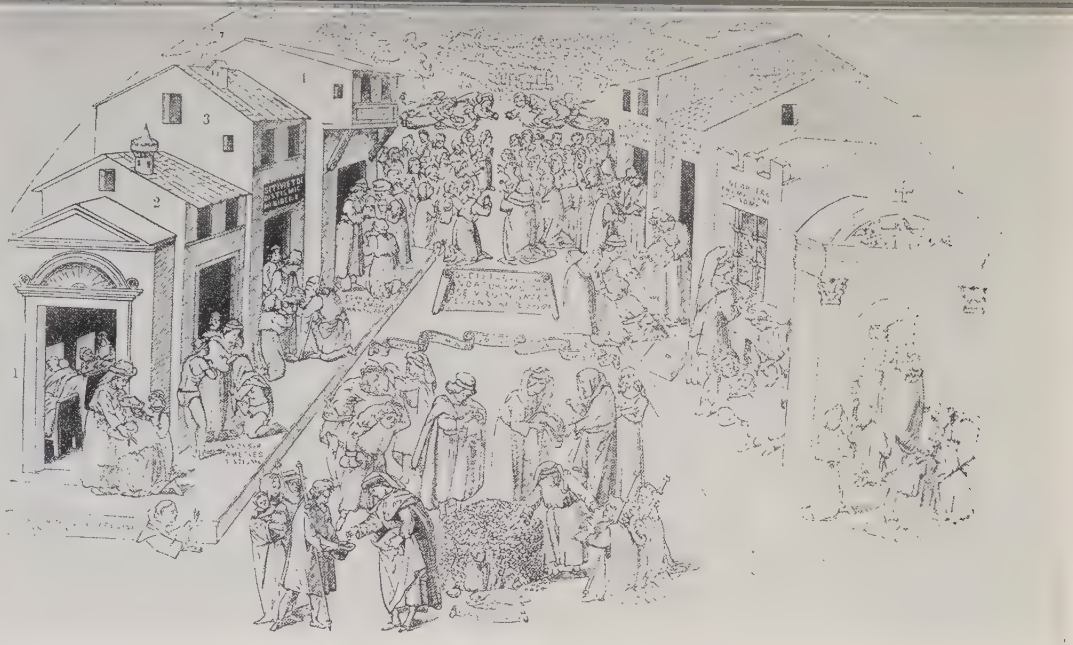
poured into his hands by the rich citizens he bought three hundred beds and placed them in the public porticoes and galleries. The sick were brought thither, and Ephrem "visited them every day and served them with his own hands," [1] administered the funds and controlled the situation until the plague had passed. This account is of special interest, for St. Ephrem here evidently established hospital wards pure and simple, and certainly one of the earliest, if not the very earliest of hospitals in the strict sense as the term is used to-day; for, as we shall see, the hospital, as a building or set of buildings devoted entirely to the care of the sick only, did not become a separate entity much before the twelfth century, but long remained one of the many divisions of the all-embracing xenodochium. Even the earliest hospitals not only took the sick and the poor, but often cared for foundlings as well. But St. Ephrem's foundation remained, and with some breaks in its history was continued as a hospital. In the fifth century it was restored by Bishop Rabboula, having fallen into decay. The bishop also erected a large hospital for women, having demolished four pagan temples for this purpose, and these two hospitals furnished the clinics for a famous medical school which long flourished in Edessa.[2]

The xenodochium in its perfection represented

[1] Butler's *Lives of the Saints*, vol. vii., p. 98.
[2] Withington, *op. cit.*, pp. 120–125.

the ideal of hospitality in rich and amazing amplitude. As the work of the deaconess comprised in itself the elements of all modern lines of nursing, relief association, and charity organisation work, so the xenodochium demonstrated in its friendly precincts the primary stage of the modern inn, the hospital, and every form of specialised institution for every class of dependent. It had rooms for the pilgrim and for the merchant of ample means. It was a home for the homeless; it sheltered foundlings, young children, widows, and aged persons of both sexes. It had wards or separate buildings for the sick of every variety, especially for the lepers and the insane. The poor of the region round came daily for doles and alms, and every one who was in distress of any kind came for counsel.[1] As an example of the work done by the xenodochium, Chrysostom says that in the year 347 the churches in Constantinople fed daily three thousand poor, besides caring for prisoners, wanderers, and the distressed and afflicted of every kind. Such refuges or shelters, developing from the hospitality of the bishop or deacon, were already fairly well organised by the middle of the third century, and put in charge of deacons and

[1] The names of the various special divisions, several or all of which were found in the great charitable institutions of the early centuries were: The *Xenodochia*, inns for strangers or travellers; *Nosocomia*, wards or rooms for sick; *Brephotrophia*, foundling asylums; *Orphanotrophia*, orphan asylums; *Gerontokomia*, homes for the aged men; *Cherotrophia*, homes for widows; *Ptochotrophia*, alms-houses for the poor.



The Seven Works of Charity

In No. 1, the sick are being tended in their beds or picked up in the streets; in No. 2, the people are being clothed; No. 3 represents travellers who are being given to drink; No. 4, the hungry receiving bread; No. 5, pilgrims being sheltered; No. 6, a dead body being prepared for burial; No. 7, the visiting of prisoners. The last scene is a sanctuary in which the divine sacrifice—the true source of Christian charity—is being celebrated, whilst a penitent is obtaining the remission of his sins because he has practised charity. In the foreground rich men are throwing their money into a heap, and the poor are receiving their share of it

Military and Religious Life in the Middle Ages and at the Period of the Renaissance, by Paul Lacroix. Bickers & Son, London
From a fifteenth-century drawing

deaconesses. The most famed of all the early institutions was the notable hospital (as we will call it, also sometimes called a xenodochium and again a ptochotrophium) established by Basil, bishop of Cesarea, in his diocese in the year 369 or 370 A.D., and named, after him, the Basilias. The urgent needs of the numerous lepers in Asia Minor had prompted him to its building, and the great famine of 368, with its resulting misery, hastened its execution. Gregory Nazianzen, Basil's friend, said of the Basilias, "It would be reckoned among the miracles of the world, so numerous were the poor and sick that came hither and so admirable was the care and order with which they were served."[1] "Before the gates of Cesarea," he wrote, "called by Basilius out of nothing, rose a new city devoted to works of charity and to nursing the sick. Well-built and furnished houses stood on both sides of streets symmetrically laid about the church, and contained the rooms for the sick and the infirm of every variety, who were entrusted to the care of doctors and nurses." There were separate buildings for strangers, for the poor, and for the sick, and comfortable dwellings for the physicians and nurses. A large and important division was for the lepers, whose care was a prominent feature in Basil's work. "Basilius, who belonged to a noble family, and who in his youth had never known hardship, gave the lepers his hand, embraced them,

[1] Butler's *Lives*, vol. vi., p. 207.

assured them by a kiss of brotherhood of his support, and himself attended them in their wards." The staff was divided into nurses (nosocomi), doctors (bajuli), carriers (ductores), and artisans (artifices). The ductores (later called parabolani) went out to seek the sick and carried them to the hospital. The artisans comprised every kind of handworker or craftsman, for in those days almost everything needed for the whole vast institution family was made upon the grounds.[1] This xenodochium became the model for many charitable persons, and emperors and bishops hastened to erect others. Already Constantine (272–337 A.D) and his mother, Helena, had built shelters for strangers and pilgrims, and under Justinian (527–567 A.D.,) the zeal in building xenodochia was at its height. The care of lepers was made a specialty in Basil's hospital-city and it has even been thought possible that the earliest knightly nursing order, that of St. Lazarus, arose from the service in the Basilias. It is evident that serious medical care was given by Basil, for Gregory Nazianzen speaks of disease being "investigated" and "symptoms proved." By his wonderful work in this institution Basil excited the jealousy of his enemies, and was accused by the prefect of Cesarea of seeking to make himself unduly powerful. In defending himself he said: "Whom do we injure in building lodgings for the strangers who stay

[1] See Hecker, *op. cit.*, pp. 97–98; also Schäfer *op. cit.*, vol. ii., pp. 134–135; and Haeser, *op. cit.*, pp. 15–16.

with us in passing through the country, and for those who need attendance in consequence of infirmity? Is it a crime to supply necessary comforts for these persons; nurses, medical attendants, means of conveying them, and persons to take charge of them in removal? And these things must of necessity carry with them handicrafts, and these again, work-shops."[1] Basil's eloquence and charity overcame the opposition of jealous officials, and he encouraged the building of similar institutions in every diocese, with special regard to the lepers. He commended the care of the sick to the clergy, but also lost no opportunity of gaining the sympathy and co-operation of the secular officials, well knowing how important was the support of the laity. He succeeded in persuading the civil authorities to remit the taxation of the hospitals, after bringing them in person to see for themselves the good that was being done.[2]

Basil, one of the four Greek Fathers of the Church, born about 329 A.D., was one of a notable family. His grandmother Macrina, who was a woman of great attainments, gave him his early education. He studied afterwards in Athens, and beside great general learning he is said to have acquired there a general knowledge of Greek medicine. Hecker says of him that he had a pro-

[1] *Dict. Christian Antiquities*, art., "Hospitals," quoting Basil's Letters.

[2] *Die Bürgerliche Gesellschaft i. d. alt. Römischen Welt.*, C. Schmidt from French of A. V. Richard, Leipzig, 1857.

found knowledge of Greek science, uniting Hippocratic medical lore with Christian love and pity.[1] His sister was Macrina, the beautiful girl and friend of Olympia, of whom several different stories are told. Brought up with great care by a pious mother, and early betrothed, the untimely death of her *fiancé* caused her to devote herself to heaven. The capable elder of a flock of nine, she managed large estates after her father's death and helped to rear her brothers and sisters, finally founding monasteries on her own land. in one of which she lived. It was she who turned Basil to a religious life.[2] Macrina is counted by Protestant writers as a deaconess, but Helyot places her among monastic women. She was both, having been early ordained as a deaconess, and later withdrawing to a convent which she founded with her own fortune on the river Iris, where she gathered a community about her. Basil wrote their rule, allowing them to visit their relatives in illness and to receive visits from women. They acted as nurses to their own people, or received patients in the convent, or both; for Helyot remarks that, although their rules allowed them to bathe only once a month, the patients were to be bathed as often as the doctor ordered. So ideal was Macrina's character, so lofty and fine her intellect, and so pure her life, that writers of the most opposite religious schools claim her. Schäfer

[1] *Op. cit.*, p. 95.
[2] Tuker and Malleson, *op. cit.*, part iii., p. 64.

places her next to Olympia in distinction, and remarks that, although in her mode of life she was distinctly monastic, yet hers was conventual life in its purest form.[1]

Another early hospital in the East was that founded by St. John Chrysostom at Constantinople in 398 A.D., spoken of by Palladius. It was large and ample, composed of many buildings, and supplied with physicians, cooks, and attendants. Of all subsequent xenodochia in the East, the most notable was one founded in Constantinople in the eleventh century by the Emperor Alexius, and called the Orphan House. The name, however, simply accented its most prominent specialty, for every other form of relief was carried on in it as in the earlier institutions. It was as large as a small city, accommodating about 10,000 persons[2] and was filled with the sick and needy of every age, sort, religion, and nationality. Here the care of

[1] Schäfer, vol. i., p. 280–282, quotes Kölling, who places Macrina next to Mary as having left an unexampled impress of her spiritual nature on the life of the world. He instances especially the intellectual and religious influence which she wielded over her brilliant and learned brothers. Böhringer also called her explicitly "the spiritual head of her family." Kölling thinks her community life presented an original of Kaiserswerth, and that its vigour lay in the fact that, while her band of virgins lived an utterly unworldly life, yet the roots which bound them to the realities of life were not cut. But Schäfer thinks he overlooks in this comparison the fact that they relegated active work to the background.

[2] *Études historiques sur l'influence de la charité durant les premiers Siècles Chrétiens.* Etienne Chastel, Paris, 1853.

the sick was entirely in the hands of the clergy and religious orders. No mention of physicians is made, but the Brothers and Sisters made use of prescriptions written by Greek physicians, of which the collection of the physician Niketas was the most important.[1] About this time, Constantinople had altogether some thirty-seven different institutions, of which the greater number dated from the early centuries.

One set of persons connected with the early care of the sick quickly gained an undesirable reputation and had a stormy history. These were the ductores or carriers, later called parabolani, members of a monkish order, belonging, in an inferior capacity, to the clergy. The parabolanus was on the staff of all the old xenodochia as a guide or escort for the patients. There is some dissension among authorities as to the exact derivation of this title. Some trace it to a derivative meaning "to go into danger, as of infection," but Heusinger, whose conclusions are based on thorough study, gives; "to bring or carry." His chief duty was to go forth, look for the needy sick, and bring them into the hospital,[2] perhaps with some kind of conveyance or primitive ambulance, or in his arms; in short, his functions combined those of an ambulance driver and a

[1] Haeser, *op. cit.*, p. 18, and *Anmerkungen*, p. 103.

[2] *Die Parabolanen oder Parapemponten der alten Xenodochien*, by C. F. Heusinger in Janus: *Zeitschrift für die Geschichte der Litteratur der Medizin*, Breslau, 1847, ii., pp. 500–525.

first aid messenger. The parabolani are first mentioned in the latter part of Basil's pontificate, when Basil, writing to Hilias, speaks of the "nurses and doctors, the beasts of burden, and the guides sent out to the people." In character they appear to have been generally ruffians, drawn from the hordes of Syrian and Egyptian monks of a rough and lawless type, who then swarmed over the country. It was a mob of these brutal monks that murdered Hypatia.[1] They were a terror in Alexandria when Christianity was made the religion of the state in 391, and became continually more and more degenerate. Gibbon speaks of "600 Parabolani or adventurers," who "visited the sick at Alexandria."[2] A number of measures were passed designed to subdue them. The Theodosian code said of them: "As to the nurses [parabolani] consecrated to the service of the sick, we command that they shall be established to the number of 600. They shall be selected from among those who have gained most experience in this kind of service. They shall be chosen by the bishop of Alexandria, and shall act under his order and conform to the regulations that he shall make." This restriction of numbers was to place a check on an association which they had formed among themselves and to keep them under control. They were forbidden to go to the theatre or to frequent public places, where their

[1] See *Hypatia*, by Charles Kingsley.
[2] *Op. cit.*, vol. viii., p. 32.

shameless behaviour, coarseness, and violence made them notorious, and efforts were made to stop bribery among them and to prevent them from selling their positions. Their errands, which took them into the worst parts of the towns, acquainted them with all the dregs of humanity; moreover, as they had some knowledge of first aid they became quacks, and used their position to extort money from the people. In spite of repressive legislation they became more and more depraved, and were utilised by Diascuros of Alexandria to murder one of his opponents at the Council of Ephesus.[1] By the first half of the fifth century they were lost sight of.

Alexandria had many hospitals and institutions, as may be judged by the number of the parabolani. It was probably not always easier to get money to support them then, than to-day, and Chastel repeats a pleasant little story of Macarius, the head of an Alexandrian hospital, who conceived the idea of getting a very rich, jewel-loving, and avaricious lady to give him 500 pieces of gold for some wonderful jewels which he told her he could procure. She was to come to him on a certain day to receive them. When the day and the lady arrived, the worthy Macarius showed her with pride a long hospital ward, where lay her "jewels" each one tucked snugly in a bed. The lady was gracious enough to take his stratagem in good part.

[1] Heusinger, *op. cit.*

To give, in a small space, a just review of the social conditions of imperial Rome, at the time when the history of nursing brings us there, would be, perhaps, even more impossible than to attempt a condensed but true account of any vast modern city. The spectacular depravities of ancient Rome, the hideous cruelty of her public amusements, the orgies of the rich, and the miseries of the slaves have been frequently recounted, as a prelude to the description of hospitals and nursing established by the early Christians. And, whenever the story is told briefly, these revolting details are usually the only ones to be considered. But it is only fair to remember that there were other elements and currents in the life of the Roman world. Moreover, the light of Christ's teachings in no way requires the setting of an exaggerated pagan darkness that many writers have appeared to think necessary as a contrast. Lecky[1] shows how the greater humanity of the Greeks modified and softened in certain directions the hard Roman nature; he reminds us that the slaves could purchase their freedom, and that many obtained it in this way; he recalls the noble ethics of the Stoic philosophy, which also taught human brotherhood, as best exemplified in the lives and writings of the great Stoics. "Men," wrote Cicero, "were born for the sake of men, that each should assist the others." Dill writes: "If [Roman] society had been half as

[1] *Op. cit.*, vol. i., pp. 227–228.

corrupt as it was represented by Juvenal, it must have speedily perished of mere rottenness. Yet when Juvenal died Rome was entering upon a period of upright administration and high public virtue." Gibbon reckons the period of time between the reigns of Nerva (96 A.D.) and Constantine, up to the end of the latter (337 A.D.), as probably the happiest in the history of the empire, if not indeed of the world. But the nobler vistas of thought were closed to the masses of the people. Knowledge and enlightenment were exclusive, enjoyed only by a small minority, not open to the people at large. In Rome itself, the culture of the few could not withstand the gradual brutalisation of the masses, and moral bankruptcy followed, as the ruin of agriculture and the obliteration of the middle class followed the combination of aristocracy and slavery in the empire at large.[1] Tuker and Malleson write:

> The imperial system afforded no rôle for the individual citizen, who suffered perforce the curse of idleness. . . Men's faculties could not be employed, could not develop happily or harmoniously; human nature was thwarted and hence warped.[2]

Into this society came the teachings of Christianity

[not yet, after nearly two thousand years, generally accepted in practice,]

to undermine slavery in every form and to teach the truth which should set men free. That self-dependence

[1] On this see Villari; also Lecky, *op. cit.*, vol. i., pp. 256–268.
[2] *Op. cit.*, part iii., p. 3.

and sense of personal responsibility for which there was no place in the old Roman system, had become paramount facts for the Christian: with him a new art had been born into the world, "the art of self-direction," and inevitably he was led to another new thing—the experience of himself as an individual.[1]

. . . Did Phebe start the work of the deaconesses in Rome when she made her visit there, taking with her the letter from St. Paul to his friends? Nothing could be more probable, although there are absolutely no records to support the idea. But it would be just as unreasonable to suppose that she could visit Rome and confer with the believers there, devoted as she was to the works of "succour," without trying to further and develop the diaconate, as that Mrs. Fry could, eighteen centuries after, visit Paris and Brussels without urging the works of humanity which were nearest to her heart. We must suppose that the deacons, deaconesses, and widows of the Church followed the same lines of visiting nursing work and the opening of small charity hospitals in private homes in Rome, as in the East; but no names of such workers have been handed down until, toward the middle of the fourth century, we come upon those of that noble group of Roman matrons whose distinguished positions as descendants of the oldest and most patriotic Roman families, and whose learning and personal

[1] *Op. cit.*, pp. 5–6.

gifts of character, with the great deeds that they wrought in establishing Christianity, founding hospitals and convents, and forwarding education, have placed them high in the list of great women. The names and histories of Marcella, Paula, with her daughters Eustochia and Blesilla, Proba and her daughter Læta, Lucina, Fabiola, Principia, Asella, Lea, Melania, Albina, and others, some fifteen in all, have been preserved in the writings of Jerome. Chastel mentions, beside Fabiola, the virgin Demetriada, Eupraxia, and a second Melania, who divided all their property among the poor. As early as the second century Roman converts to Christianity had turned their houses into hospitals and centres of alms-giving. Gibbon speaks of the senators, but more especially of the matrons, who thus transformed their palaces and villas.[1]

The motives which of old led individuals into nursing were perhaps more varied than those at work to-day, when social conditions are more prosaic and the average man and woman rather more mediocre. With the dawn of Christianity nursing took a high place as a penance for sins and a solace for unhappy lives. Chastel in his *Influence of Charity* speaks of the "volunteers, sometimes happy but often unhappy persons, who, beside the deaconesses and widows, turned to nursing in the hospitals." He tells of a young girl, who, having been cruelly seduced, gave thirty

[1] *Op. cit.*, vol. iv., p. 308.

years of service to the sick in expiation and atonement, and refers to the advice given by St. Anthony to a Brother, who was inclined to melancholy, that he should take up nursing. The Roman patricians who took a part in this movement preserved their civil characters,[1] for the rumours and occasional sight of the unwashed and slatternly monks of the Eastern Empire, who made a cult of dirt, filled the fastidiously cleanly Roman, whose cult had hitherto been personal daintiness, with disgust, and religious orders were looked down upon in Rome.

It was different with some of the members of the group of exalted matrons, of whom mention has been made. Their independent positions and great wealth (for they were of those who, under the free-marriage contract, preserved their legal and personal dignity) were wholly utilised to establish community life and to organise large foundations for charity and nursing work. Marcella was the chief and the leader of this group of notable women. Her palace was on the Aventine in the most exclusive part of Rome, and not long ago Lanciani stood on the recently excavated site of the garden which once surrounded it and recalled her tragic story.[2] The accounts which she had heard of the monastic life, far from

[1] *Les Gardes-Malades Congréganistes, Mercénaires, Amateurs, Professionnelles*, by Mlle. Dr. Hamilton and Dr. Felix Regnault, Paris, Vigot Freres, 1901, p. 6.

[2] *The Destruction of Ancient Rome*, by Rodolfo Lanciani, London, 1903, pp. 58–60.

repelling, attracted her strongly. Full of zeal she turned her palace into a monastery, thus introducing the first example of monastic life in Rome. She was deeply learned, and when she became acquainted with Jerome he wrote, "All that I have learned with great study and long meditation she learned also, but with great facility and without giving up any of her other occupations or neglecting any of her pursuits." Jerome, in one of his letters, describes her life, her intellectual ability, and her death. "How much virtue and ability, how much holiness and purity, I found in her I am afraid to say."[1] She was often consulted by priests and bishops about obscure points in the Scriptures and excited their admiration by the acuteness of her judgment. During the sack of Rome Marcella's house was entered by the barbarians and she herself was cruelly beaten and injured. She is believed to have taken refuge in St. Paul's church beyond the walls, where her death occurred as the result of her injuries.

One of the most charming, and perhaps in her younger days one of the most worldly, of the group was Fabiola,. She was one of the patrician Fabian family; had married a profligate husband, divorced him, and married a

[1] *Letter to Principia.* See *A Select Library of Nicene and Post-Nicene Fathers of the Christian Church,* Schaff and Wace, Second Series, 1893, New York, Oxford, and London. vol. vi., *Letters of St. Jerome.*

second time, again unhappily. The influence of Marcella, the teachings of Christianity, and, perhaps, her own unhappy experience of life's disillusionments, led Fabiola to throw herself, with all the ardour of an animated, eager, and restless nature, into a life of self-renunciation and service to others. She became a Christian, and then, in expiation of her former life and second marriage, which she now regarded as a sin, she made public confession, according to the emotional and picturesque custom of that day. On Easter Eve, criminals of all kinds and of the lowest types came to the porch of the Lateran and openly confessed their sins. Among them, to the amazement of all, stood Fabiola, the high-bred and wealthy patrician lady, in a plain dark robe, with her hair hanging down, ashes on her head, and her face stained with weeping. Thenceforth she lavished her fortune, which was princely, and her energy, which was boundless, upon the poor and sick. It was Fabiola who, in 390 A.D., built the first general, public hospital in Rome, which St. Jerome speaks of as a "nosocomium"—a place for the sick as distinguished from objects of charity who were simply poor. Jerome's famous eulogy upon Fabiola, after her death, relates the whole story of her life and works[1]—her early worldliness, her repentance, her activity in the hospital, where she devoted herself to working as a nurse among her patients.

[1] *Op. cit.*, letter lxxvii., "To Oceanus."

Jerome thus describes her service:

There she gathered together all the sick from the highways and streets, and herself nursed the unhappy, emaciated victims of hunger and disease. Can I describe here the varied scourges which afflict human beings?—the mutilated, blinded countenances, the partially destroyed limbs, the livid hands, swollen bodies, and wasted extremities? . . . How often have I seen her carrying in her arms these piteous, dirty, and revolting victims of a frightful malady! How often have I seen her wash wounds whose fetid odour prevented every one else from even looking at them! She fed the sick with her own hands, and revived the dying with small and frequent portions of nourishment. I know that many wealthy persons cannot overcome the repugnance caused by such works of charity; . . . I do not judge them, . . . but, if I had a hundred tongues and a clarion voice I could not enumerate the number of patients for whom Fabiola provided solace and care. The poor who were well envied those who were sick.

Fabiola's friend Paula, and Pammachius, the son-in-law of Paula, were deeply interested in the hospital work, and shared sympathetically in its foundation and growth, for Paula herself had even earlier engaged in similar undertakings in the Eastern Empire. Fabiola and Pammachius co-operated in founding an immense shelter for pilgrims and strangers at Portus (Ostia), of which Jerome wrote to Pammachius, "I hear that you have erected a hospice for strangers at Portus, and that you have

planted a twig from the tree of Abraham on the Ausonian shore."[1] In his eulogy he referred to a friendly rivalry between Pammachius and Fabiola over this hospice, to see which could do the most for it, and wrote: "A house was purchased to serve as a shelter, and a crowd flocked into it. . . . What Publius once did in the Isle of Malta for one apostle Fabiola and Pammachius have done over and over again for larger numbers. . . . The whole world knows that a home for strangers has been established at Portus. Britain has learned in the summer what Egypt and Parthia knew in the spring."[2] This hospice is mentioned by some writers as a home for convalescent patients, a supposition which Haeser explains by the use of the Latin phrase *villa languentium* used in translations.[3]

Paula, born in 347 A.D., was one of the most nobly born, highly gifted, and learned women of her day. She was a descendant of Agamemnon, of the Scipios, and the Gracchi. She was enormously wealthy, the whole city of Necropolis being her property. She was a Hebrew scholar and assisted St. Jerome in his translations of the prophets. The exhortations of Marcella won Paula to Christianity and, after the death of her husband, she entered Marcella's house, then a monastery, and was intimately associated with

[1] Nicene and Post-Nicene Fathers, letter lxvi., p. 138.
[2] *Ibid*, letter lxxvii.
[3] *Op. cit., Anmerk.*, p. 107.

Fabiola and others of Jerome's "noble ladies." After the death of two daughters, Paula, accompanied by one remaining unmarried daughter, in fulfilment of a long-cherished, ardent wish of both, left Rome about 385 A.D., and sailed for Palestine, where they settled in Bethlehem. Gibbon, in repeating the story, alludes with sarcasm to her as abandoning her infant son. As a matter of fact he was not, however, an infant but a boy of ten, left in the care of affectionate relatives; and, unnatural though the action may seem to us, it must be remembered that the exaltation of self-sacrifice of that day was deemed a noble thing, and Jerome frankly encouraged the breaking of the tenderest family ties. Paula, of deep, serious, and lofty nature, could not have taken such a step lightly. She and her daughter founded a monastery in Bethlehem, where they gathered about them a company of devout women. On the road to Bethlehem Paula built hospices for pilgrims and hospitals for the sick, in which she and her staff served untiringly. Lecky says she also established a hospital in Jerusalem. The buildings she erected were low and plain, for it was better, she said, to spend money on the poor than on fine buildings. In the same letter to Pammachius already mentioned Jerome gives a lifelike picture of the homely duties of these one-time luxurious Roman dames. "And even when you have done all the things I have mentioned [he said] you are still surpassed by

your sister Eustochia as well as by Paula. . . . I have heard that they were [in former days in Rome] too dainty to walk the muddy streets, that they were carried about in the arms of eunuchs, that they disliked crossing uneven ground, that they found a silk dress a burden and felt sunshine too scorching. But now, squalid and sombre in their dress, . . . they trim lamps, light fires, sweep floors, clean vegetables, put heads of cabbage in the pot to boil, lay tables, hand cups, help to wash dishes, and run to and fro to wait on others." They all worked as nurses and servants in the hospitals. Mrs. Jameson quotes from an old English translation of Paula's life: "She was marvellous debonair and piteous to them that were sick, and comforted and served them right humbly, and gave them largely to eat such as they asked. . . . She was oft by them that were sick, and she laid the pillows aright and in point; and she rubbed their feet, and boiled water to wash them; and it seemed to her that the less she did to the sick, so much the less service did she to God, and deserved the less mercy. Therefore, she was to them piteous and not to herself."[1] Like the other disciples of the early Fathers, to whom care of the body was incompatible with goodness, Paula shared the ideas of the merit of physical neglect so inconceivable to-day, and conscientiously reprimanded a studied neatness in dress, which she called "an

[1] *Sisters of Charity*, Mrs. Jameson, London, 1855, p. 18.

uncleanness of the mind." Jerome, who had returned to Palestine with Paula, presided over a monastery for men which she had built and endowed. Thence he wrote to Marcella in 386,[1] begging her to come to the Holy Land. She did not respond, but Fabiola came instead, a few years later, and the good old Father was a little embarrassed as to how to lodge a grand lady. A threatened invasion of the Huns shortened her visit, and Paula never saw her again. Jerome outlived all of these famous Roman patrician nurses. In 399, after Fabiola's death, he wrote her eulogy: "Was there a monastery," he asked, "which was not supported by Fabiola's wealth? Was there a naked or bedridden person who was not clothed in garments supplied by her? Was there ever any one in want to whom she failed to give?" When she died all Rome followed her to the grave. "How great a marvel Fabiola had been to Rome while she lived is shown in the behaviour of the people since her death. . . . I seem to hear even now the sound of the feet of the multitudes who thronged in thousands to attend her funeral."[2] And in 404, on Paula's death, he wrote a long and eloquent letter of consolation to Eustochia,[3] in which he has left an inspiring tribute to Paula's benignity and goodness.

[1] Nicene and Post-Nicene Fathers, letter xlvi., p. 60.
[2] *Ibid.*, letter to Oceanus.
[3] *Op. cit.*, Letter cviii., pp. 195–212.

These distinguished women had seen a profound change come over the society in which they had once been a part—an ancient empire tottering, a new religion dawning. That form of community life called monasticism, which Marcella's example first established in Rome, was now about to become the general form of organisation under which men and women might find self-expression outside of family ties.

CHAPTER III

THE RISE OF MONASTICISM

THERE have been four "Rules" recognised by the Church for the government of monastic orders—those of Basil, of Augustine, of Benedict, and of Francis. These "Rules," which for illustrative purposes one might compare to unchangeable constitutions, controlled the general features and ordered the main development of monastic nursing orders. To attempt an exposition of the profound spiritual, social, and economic changes which lay at the root of monasticism, more especially that of the West, which rapidly took on an energetic social, industrial, and intellectual character, would carry us far beyond our bounds. So fascinating and important a study, however, can readily be made by consulting the special writers who have thrown light upon it. We will only note, from the practical standpoint, how all-important it was that the early hospitals and institutions of brotherly love should have had over them a strong protecting influence, such as the Church rapidly became, to defend and secure them from spoliation or violence. From

Alinari, No. 10257

The Works of Mercy—Visiting the Sick
Fresco in Ospedale del Ceppo at Pistoja, by Della Robbia

the time of Constantine on, the laws of the state have had frequent reference to the organised care of the sick and the destitute. According to the Council of Chalcedony, in 451 A.D., the hospital was the common adjunct of the church or sacred place. In the reign of Justinian, 527–565 A.D., the bishops were endowed with authority over the hospitals, and this was a period of unexampled zeal and activity in building shelters, hospices, foundling asylums, and *nosocomia*. Uhlhorn points out [1] that no more logical or sufficient reason for the rise and rapid extension of religious orders and their general guardianship of hospitals and charitable institutions could be asked for than the necessity of protecting the revenues and property bestowed upon such institutions from irresponsible or even lawless aggression. So, for protective purposes, Gregory the Great, who enunciated the subordination of the temporal to the spiritual powers, expressly stipulated that "religiosi"—ecclesiastics—only should be responsible for the hospitals, not taking the direct management, but placing competent heads in charge, because they were secure from harassment by lay tribunals; and in 817 the Council of Aix declared the care of the poor to be the chief duty of monastic communities.[2] It is therefore clear that a strong

[1] *Christian Charity in the Ancient Church*, by Dr. Gerhard Uhlhorn, Abbot of Loccum, Scribner's, New York, 1883, p. 337.

[2] *Dict. Christian Antiquities*, art., "Hospitals."

economic, as well as a religious impulse, underlay the dominant monastic movement.

From the beginning of the fifth century, when many important monasteries were founded, the long and glorious record of the religious nursing orders of men and women may be said to follow a superb curve through a thousand years and more, from its rise in the humble services of the at first despised early Christians upward, through the Middle Ages with their vast, wealthy, and beautiful monasteries and hospitals and the supremacy of monastic orders in every kind of institutional activity and administration; and downward again toward the present day, when, modern times having brought a new science, new economics, and new forms of social adjustment, they no longer lead, and, in nursing are chiefly interesting from the historical standpoint, though still everywhere models of organisation and discipline. But though forms change the spirit remains the same, and to-day the men and women who would once have been leaders and saints in churchly orders may do, and are doing, the same work of humanity as members of a civilian and secular society.

It would be a great mistake to regard the early monastic orders as offering a life of limited scope to men and women. On the contrary the monastery, or, as Lina Eckenstein graphically calls it, the "religious settlement" was for centuries the only place where women at least could find

freedom from social fetters or distasteful matrimony, and have liberty to conduct satisfying work in their own way, with opportunity to develop and cultivate intellectual tastes. The early Benedictine monasteries have been likened to small republics, where each member, proud of his community, brought his best to give to it. "The monasteries were the birthplaces of free labour," says Uhlhorn. The Benedictines have been called the "depositaries of learning and the arts,"[1] and the monastery was a community complete in itself, with its own gardens, mills, industries, farm, library, and workshops. Benedict founded Monte Cassino in 529 A.D., and he planned, beside religious exercises, seven hours a day for manual work and two for reading. The members of the community elected their head, and, though strict obedience was the rule, yet on the other hand the rule of Benedict was a sort of constitution preserving certain bounds to the abbots' or abbesses' powers, and these officers were always required to consult in serious questions with the members of the convent. The freedom and likewise the importance of women in early monasticism have long been ignored. Of recent years most interesting studies have been made on this subject, the most enlightening of which are the work of women. As the monks, though now ranked as regular clergy, were up

[1] "Benedict and the Benedictines," *Amer. Journ. Education*, xxiv., p. 525.

to the time of Boniface IV. a lay body, so in the earliest centuries the monasteries for women,[1] and especially those of the Benedictines, were not bound by enclosure, nor was the monastic dress compulsory. In 1190 a protest was written by a Bavarian monk, who found it objectionable that the professed religious women of the district should go about as freely as monks and without a distinctive dress. He would fain have curtailed their liberty, but as this was not possible he thought that they should at least wear a distinctive dress so that they would be recognised. At the close of the tenth century the dress of nuns was not different from that of the laity.[2] Abbesses and nuns of royal birth wore gorgeous raiment for occasions of state, and the abbesses of the seventh, eighth, and subsequent centuries held commanding positions. They attended ecclesiastical synods and attested their decrees,[3]

[1] Gasquet says: "It is altogether wrong to apply the word 'convent' exclusively to houses of nuns. . . . The title 'convent' as well as that of 'monastery' and 'abbey' was applicable to any house of either monks or nuns, and the exclusive use of the word 'convent' for a religious house of women is of quite modern origin." *English Monastic Life*, by Abbot Gasquet. Methuen Co., London, 1905, p. 154.

[2] Tuker and Malleson, *op. cit.*, iii., p. 37.

[3] While the abbesses were rising to their zenith the churchmen were not inactive. The Council of Aix-la-Chapelle in 816 decreed that the abbesses should not give the veil or usurp bishops' functions, and the council of Paris forbade them giving the communion. Ludlow, p. 113 in *Woman's Work in the Church*, London, 1865.

Ancient Costume of an Abbess
Dict. des Ordres Religieuses, Migne, xxi., fig. 290

while in England four abbesses were summoned to Parliament as peers.[1] Saxon abbesses had the duties and the privileges of barons, and as such were summoned to the Imperial Diet,[2] though it is not certain that they went in person. More startling yet in their difference from anything in modern times were the great double monasteries, where the abbess ruled over related houses of monks and of nuns. These arose almost simultaneously with monasticism.[3] Anglo-Saxon nunneries were almost all instituted on this principle.[4] Famous abbesses who ruled thus over both women and men were Radegunde at Poitiers; Hilda at Whitby in England, who had as her scholars some of the great bishops, and who taught Caedmon, the first English poet; and Hersende at Fontevrault, who ruled a vast establishment of, in all, some three thousand souls. The Benedictine settlement of Fontevrault, now extinct, was founded at the end of the eleventh century by Robert Arbrissel, whose decree it was that the women should rule. For six hundred years it stood, "a unique instance of uniformly remarkable government and administrative ability." It was ruled by a line of thirty-two abbesses, whom a French writer has spoken of

[1] Tuker and Malleson, *op. cit.*, iii., p. 58. This lapsed on account of sex, says Eckenstein, 203.

[2] Eckenstein, *op. cit.*, p. 152.

[3] Tuker and Malleson, *op. cit.*, iii., p. 29.

[4] *Ibid.* iii., p. 30.

as "a succession of eminent men." Not without constant vigilance did they maintain their supremacy: "each rule and privilege in turn attacked was defended and maintained." The abbesses administered the property of the community, maintained discipline, and each monk, as well as the nuns, swore obedience to her. "Everywhere feminine supremacy," and no religious community was more prosperous and eminent.[1]

In discussing the notable eminence of these communities under the rule of women, Tuker and Malleson note that the opposite system, that of the rule of women's orders by an abbot, met everywhere with failure, and that such groups did not flourish or survive.[2] In their opinion it is a fact capable of daily proof that a woman is a more successful leader of men and women than a man; and they add: "In the present day the government of female orders by male orders has been found an obstacle to the due development of the former, and relief from it is frequently sought of and granted by the Holy See."[3] Eckenstein writes: "Houses ruled by women became important centres of culture and art. A sense of joint ownership united the members of the religious settlements."

The fact that the monasteries were not specialised each for one narrow line of work must have been their greatest charm. As the xenodochium

[1] See Tuker and Malleson, *op. cit.*, iii., p. 119.
[2] *Ibid.* iii., p. 31.
[3] *Ibid.* iii., p. 31.

included every department of relief, so the monastery embraced every form of occupation. Eckenstein points out the "manifold and distinct spheres of activity which life offered inside the religious community—the studious, the educational, the philanthropic, and the agricultural elements—all to some extent made part. . . . Tastes which were widely dissimilar, and temperaments that were markedly diverse, met with encouragement in the religious settlement. The scholar, the artist, the recluse, the farmer, each found a career open to him, while men and women were prompted to undertake duties within and without the religious settlement which made their activity comparable to that of the relieving officer, the poor-law guardian, and the district nurse of a later age."[1] The monasteries were centres of learning, and in this the nuns were distinguished. The copying of precious manuscripts was their work also as well as the men's. Cesaria junior's letters to Radegunde, imparting the rule of her house, has been called one of the ablest literary monuments of the age,[2] and "Radegunde herself was a still more remarkable nun," her spirit richly stored with knowledge. The Benedictine nuns both taught and preached, and the evangelisation of Europe was largely their work.[3] The learned Hrotswitha, at Gandersheim, then

[1] Eckenstein, *op. cit.*, pp. 185–186.
[2] Tuker and Malleson, *op. cit.*, iii., p. 25.
[3] *Ibid.*, iii., p. 80.

the principal seat of civilisation, arts, and piety in Northern Europe, was well versed in Latin classics and wrote dramas of great literary ability. A French writer calls her the Christian Sappho and a glory to the whole of Europe; yet she lived in the tenth century, the darkest period of the middle ages. In the sixth century Bertile of Chelles drew large audiences of men and women to her lectures on the Scriptures,[1] and in the eighth century Lisba, Walburga and Berthgytha, Anglo-Saxon nuns who evangelised Germany, "were profoundly versed in the liberal sciences." [2]

The liberal sciences included medicine and nursing, which these able women studied with unselfish purpose, for we are told of Walburga: "She was a strong-minded and learned woman, and, like many, she studied medicine to minister to the poor." [3] Connected with each monastery were the oblates or associate members, who might be of any age, quality, or rank. Either in life within the monastery walls, or living in their own way elsewhere, these men and women gave their services to the many undertakings of the community and shared in the interests of all, much as, to-day, non-resident members of a social settlement share in its activities without completely

[1] Tuker and Malleson., *op. cit.*, iii. p. 81.

[2] *Ibid.*, p. 80.

[3] *Legends of the Monastic Orders*, by Mrs. Jameson, Longmans, London, 1850, p. 85.

identifying themselves with it or giving up their ordinary life.

Not only did the monks and nuns practise medicine, but for long periods of time they seem to have been the only practitioners. Haeser says: "No proof is needed that they studied medicine. Though some did not go beyond folk-lore, others, as Masona of Merida, became eminent, and about the thirteenth century a higher medical knowledge among the clergy was quite widespread. Monks were sent from their cloisters to study medicine in Paris." In general, medical historians agree that the medical practice of the Middle Ages was almost entirely confined to the members of the monastic orders. It would be a mistake, however, to regard this medical knowledge as free from superstition, but often quite the contrary, for no superstitions in the world have been so persistent as those relating to health and sickness. The teachings of some of the early Fathers had been in sad contrast to the enlightenment of Basil: thus Origen had believed that the archangel Raphael had especial care over the sick and infirm, and that pestilence, sickness, and other bodily afflictions arose from diabolical emanations of the principle of evil. Cyprian had also charged the demons with causing luxations and fractures.[1] Charlemagne did much to elevate the study of

[1] *History of Medical Economy during the Middle Ages*, by Geo. F. Fort, M.D., 1883. Chap. iv., pp. 66–70.

medicine, and while his influence lasted it held an honourable position. But the study of medicine was not pursued throughout the Middle Ages by the religious orders without opposition from the Holy See, for many repressive decrees are recorded. The Lateran Council in 1123 A.D. forbade the practice of medicine to monks and priests. In 1131 the Council of Rheims prohibited monks from frequenting medical schools and limited their practice to their own monasteries. In 1139 a Lateran Council decreed severe penalties for monks and priests who practised medicine. In 1163 Pope Alexander III. issued a prohibition, and in 1215 Innocent III. issued an anathema against the practice of surgery.[1]

The highest degree of practical medical skill with understanding was found among the Benedictines, who, excelling in all pursuits requiring intellectual labour with practical application, exercised a more specially intelligent interest in matters relating to medical and surgical relief. Benedict in his Rule had said, "Before all things and above all things care must be taken of the sick"; and Cassiodorus, once the chancellor of Theodoric, who in his old age became a monk, recommended the brothers to read the works of Hippocrates, if possible, in the original.[2]

[1] *A Chronology of Medicine*, John Morgan Richards, Ballière, Tindall, Cox, London, 1880, pp. 81–82.

[2] For an interesting sketch of Cassiodorus see Gissing's *By the Ionian Sea.*

Beside the infirmarium, or ward within the cloister for the reception of members of the order, there was also usually, at least in important communities, the outer, detached hospice for strangers and patients in general. Both of these are believed to have existed at Monte Cassino. The monastery of St. Gall, built in 830 A.D., possesses a plan of its infirmary,—probably, says Withington, who reproduces it, the most ancient plan of an infirmary in existence. The infirmary was presided over by an *Infirmarius*; the hospice by a *Hospitalarius*. Benedict himself died of a fever contracted while caring for the poor near Monte Cassino.[1]

It was the custom, writes Helyot, for the monks and nuns of related orders to serve the hospitals conjointly. The monks did the nursing in the men's wards and the nuns in the women's. Toward the middle of the thirteenth century this arrangement was common all over Western Europe; or, where the nuns were in charge of an entire hospital, the monks of the same order acted as priests.

The glimpses which one may get of the nursing methods of those days show quaint pictures of good practical procedures. Lipinska, quoting an old writer, thus describes the management of a patient: "They covered her warmly, put warm bricks on her abdomen, rubbed her feet with

[1] *Legends of the Monastic Orders*, by Mrs. Jameson, ed. of 1901, p. 43.

vinegar and salt, cooled her head with rose-water, and when she perspired covered her with a quilt. Then she had a rice-water broth to which milk of almonds was added, then sugar of violets to assist digestion and a *pomme de grenade* to freshen her mouth."[1] And Eckenstein quotes from similar sources:

Often change their beds and clothes, give them medicines, lay to them plaisters, and minister to them meat and drink, fire and water, and all other necessaries night and day, as need requires after the counsel of the physicians, and precept of the sovereign; do not be sqeamish in washing and wiping them by avoiding them; be not angry nor hasty, nor impatient though one have the vomit, another the flux, another the frenzy, and now sings, now cries, now laughs, now weeps, now chides, now is frightened, now is wroth, now well apayde, for there be some sickness vexing the sick so greatly and provoking them to ire that the matter drawn up to the brain alienates the mind. And therefore those in attendance should have much patience with them, that thereby they may secure an everlasting crown.[2]

Abelard's instructions for the convent over which Heloise presided in the twelfth century included the following references to nursing and medicine:

Let the infirmaria look after the sick . . . ; whatever their infirmity requires, whether in food, baths, or

[1] *La Médicine et les Religieuses du Moyen Age*, "by Mélanie Lipinska, M.D., in *La France Médicale*, *Juillet* 25, 1900, p. 262, in footnote.

[2] Eckenstein, *op. cit.*, pp. 393–394.

anything else, is to be given them. . . . There must always be some one on duty to give aid when required, and the place must be provided with all things necessary in sickness. Drugs must also be got if necessary, and this will be done more easily if the presiding Sister is not without medical knowledge. It is she also who must look after those who are bled, and some sister should be skilful in venesection, that it may not be required for a man to come in for this purpose.

It is not, however, believed that the nuns under Heloise practised nursing except in their own private infirmary, as their rule was a strict one and kept them secluded.

In the earlier centuries the names of individuals, sometimes of royal and sometimes of humble origin, are prominent in the records of hospital nursing service, and besides the more systematised work of the religious orders the custom of volunteer visiting nursing in hospitals, as practised in apostolic times—or, if we recall the charitable kings of India, of even more remote origin—was considered useful and praiseworthy. One of the earliest instances of this kind is that recorded of the Empress Flaccilla, the wife of Theodosius the Great, who went daily to the hospitals connected with the churches, where, we are told, she washed and dressed the sick, made their beds, prepared food for them, and fed them herself, and performed every duty of a faithful nurse and servant. Some writers have even said (though

we hold this statement doubtful) that she scrubbed the floors. When remonstrated with for doing this menial work she made reply that, while the Emperor might give his gold, she would give her services. Similar service is given to-day in the Italian hospitals, where, in affiliation with the Third Order of St. Francis, volunteers from all ranks of life, nobles and princes as well as plain citizens, still take their turns in going to the hospitals, where they bathe and dress patients, cut their hair and nails, and perform all kinds of practical duties.

An important early community, in which much attention was given to the care of the sick and infirm, was that at Arles, founded in 542 A.D., where Cesaria and her brother Cesarius presided respectively over monasteries for women and men. Cesarius, a saintly man, had been placed in charge of the monastery, which had not, as it appears, been of much importance before his day. He devoted himself with great ability and energy to enlarging and adding to it. His first care was to build a large hospice, where the poor might receive every care that their condition demanded, and to create a monastery for women, where his sister Cesaria took charge of two hundred nuns. Cesarius drew up the rule for them, the first one, probably, drawn up for a Western community of women.[1] A strict communism was practised here. The members renounced private property, and no

[1] *Hist. de Saint Césaire* par l'Abbé J. M. Trichaud, Arles, 1853.

servants were kept. The nuns practised music, sang in choir, studied reading and writing, copied manuscripts, performed all the domestic duties of cooking and cleaning, weaving and spinning, and tended the sick in the hospice. The life does not appear to have been unduly restricted. Members were not permitted to take permanent vows before the fortieth year, and women from other religious houses might be received and entertained.

A prominent figure in early nursing was Radegunde, a friend of Cesaria junior, and one of the first women known to have ruled supreme over a French convent,[1] for the community of Arles had been under the final authority of Cesarius. Radegunde, from every point of view a notable and heroic figure, the daughter of a Thuringian king and a descendant of Theodoric, is described as a woman of forceful character and brilliant intellect. Her marriage with King Clothacar was compulsory and unhappy. True, it is recorded that she neglected her duties as a wife and queen, keeping the king waiting for his meals while she conversed with learned men who came to the court, but as he had seven wives, of whom she came fifth in order, these duties could not have been very sacred. He was made of coarse clay, "a cruel and licentious prince," [2] and she was

[1] Eckenstein, *op. cit.*, p. 51.

[2] Julia Kavanagh, *Women of Christianity*, D. Appleton Co., New York, 1852, p. 59.

vastly his superior in mind and capacities. She finally left him and fled to Noyon, pursued by her husband's vassals even into the church, where she took refuge. She demanded to be received under the protection of the Church, and Medardus consecrated her a deaconess. She then visited the convent of Arles to see the arrangement of life and occupation. On her estate near Poitiers she founded a great settlement, where the house of nuns numbered about two hundred. She had always been deeply interested in nursing, and even while in her husband's palace it had been her consolation to give her apartments for the use of the sick poor, whom she loved to serve with her own hands. There she had taken in the lepers, washed them and waited on them and made them at home.[1] (No doubt this must have been a constant source of irritation to her husband.) Now in her convent of St. Croix she built "gardens, baths, porticoes, galleries, and a church." The baths are especially noticeable, for with the fall of the Roman Empire they had almost disappeared from mediæval life. Radegunde's biographer, Fortunatus, says Eckenstein, describes her nursing, how she "shrank from no disease not even leprosy." Beside the care of the sick, her community "read the Scriptures" and studied ancient literature, transcribed manuscripts, and worked at dramatic performances, the germ of the Mystery plays of the Middle Ages. Radegunde, as a

[1] *Hist. Illustré de Ste. Radegonde* par l'Abbé Briand.

royal princess, kept up her interest in public affairs. She was a lover of peace, and often intervened as a peacemaker in the quarrels of rulers. She lived in her convent as a simple member, having placed another nun, Agnes, in charge as abbess; but, although she devoted herself incessantly to the most laborious duties, the whole community regarded her as the head and centre, and her death, in 587, was bitterly mourned.[1]

Another famous convent was that of Hohenburg, in Alsace, where a long succession of intellectual, literary, and charitable abbesses ruled and extended hospitality to all comers, the sick and the well. Here Odilia, the first abbess, whose sway extended through the early part of the eighth century, built a *hospitum* half-way down the hill to accommodate travellers and patients; and more than three centuries later the celebrated Herrade, who was abbess in 1167, and who wrote a work in Latin called the *Garden of Delight*, in which she collected in brief all the history and scientific knowledge of the day, built, in 1181, a second and larger hospice at the foot of the hill.[2] At the magnificent double monastery of Fontevrault, already spoken of, there must have been an extensive nursing service,

[1] *The Monks of the West, from St. Benedict to St. Bernard*, by Montalembert, John C. Nimmo, London, 1896, vol. ii., pp. 167–179.

[2] *Wetzer und Welte's Kirchenlexikon*, art., "Hohenburg."

for neither the lepers nor the helpless were refused.[1]

This vast community, where women held supreme sway, also made the reformation of fallen women an object of special care. From the earliest days the care of the lepers had been the chief thought of tender-hearted persons. Nor did the Christians alone feel this sympathy, for in the third century there is record of a Jewish rabbi who devoted his life to these unfortunates, living with them and teaching their children.

Most remarkable of all the women of the early centuries whose records have been preserved was Hildegarde,[2] called the "Prophetess," the "Sibyl of the Rhine," whose chief importance from a less credulous modern standpoint is her unique position as a teacher of medicine. Born in 1098, at Böckelheim castle, near Kreuznach, of noble family, Hildegarde was a delicate child of extraordinary mental qualities. In her eighth year she was brought by her parents to the convent Disibodenberg (so called because the holy Disibodus from Ireland had made his abiding-place there after he had wandered to Germany on his

[1] Eckenstein, *op. cit.*, p. 194.

[2] The chief work consulted is *Das Leben und Wirken der heiligen Hildegardis*, by J. Ph. Schmelzeis. Herder, Fribourg, 1879.

Schmelzeis bases his work mainly on the biographies written by the monks Theodoric and Gottfried after Hildegarde's own story of her life and preserved in the *Acta Sanct. Boll.* September 17.

mission to convert the heathen), to be reared by Yutta, a pious dame of birth. After Yutta's death Hildegarde, at the age of thirty, became the head of the convent, a double one under the rule of an abbot. Her mental force and distinction gave her a natural supremacy over all who came in contact with her, and so unusual was her intellectual acumen and so lofty her soul that she was early regarded as a prophetess. She herself accounted for very extraordinary intellectual powers by ascribing them to a kind of revelation which was vouchsafed to her frequently, in some mystic or clear-seeing state, not in the least akin to trance or ecstasy, for of the latter there is no record whatever in her biographies. After ten or eleven years spent in the double monastery, Hildegarde severed herself from it, and moved to Rupertsberg, where, as the abbess of her own community, she was absolutely independent, and where she gathered about her a large group of women of noble family. As this community grew she founded the convent of Eibingen as a branch house. During her long life of eighty-one years Hildegarde became possessed of an amount and kind of knowledge which may well have seemed miraculous and was, in fact, so explained. This knowledge embraced medical science, nursing, natural science, or nature-study, with a spiritual and religious philosophy of majestic proportions. Added to this, her acquaintance with the minutest details of the political life of the age, the ten-

dencies of dynasties, and the ambitions of princes and potentates was searching and exact, so that she was competent to point out danger, to warn, menace, and foretell with unerring judgment what would happen. She foretold the downfall of the German Empire, the disasters of the papacy, and the approach of the Reformation, and did not fear to speak in terms of dominance to Frederick Barbarossa himself. It is little wonder that, uniting such intellectual qualities with an equally noble and commanding character and merciful, tender nature, Hildegarde should have been revered, beloved, and looked up to as an inspired being, not only by the many invalids who came to her for cure and the stream of pilgrims who came for counsel and advice, but also by the great ones of the world—prelates, kings, and princes—with whom she had such a remarkable correspondence. Hildegarde's letters are the monument to her social pre-eminence; her books, of which there are a large number, testify to her learning and originality of thought. She was also musical, and has left a number of hymns set to musical forms of her own composition.

But Hildegarde's greatest claim to the admiration of a modern and non-transcendental age is her knowledge of medicine. She is more conspicuous as a physician than as a nurse, though she combined the arts of both. Modern physicians have not failed to study the scientific attainments of Hildegarde with frank attention and serious in-

terest. She wrote two medical books: one, the *Liber Simplicis Medicinæ*, called also the *Physica*, and which she herself spoke of as the "liber subtilitatum de diversis creaturis," and the other the *Liber Compositæ Medicinæ*, dealing with the causes, symptoms, and cure of disease. Herein is "much regarding the nature of man, of the elements, and of the different created orders and of how to be useful to these."

"In these two books of medicine Hildegarde traces and expounds the mysterious meanings of the marvels and the secrets of nature in such a way that a woman could not possibly know such things except through the Holy Spirit." So write the ancient commentators, one of whom calls the book of simple medicine "good" and "very wonderful"; the other "a distinguished work." Reuss, a critic of later times, wrote; "Much was known to her that the other writers of the Middle Ages were ignorant of and that keen-eyed investigators of our time have found out and brought to light as new discoveries." Another work of Hildegarde, *Liber Operum Simplicis Hominis* deals with anatomical and physiological subjects. Mélanie Lipinska, a brilliant woman physician of the present time, writing of Hildegarde [1] places her first among all the monastic women who practised medicine in the Middle Ages, and also emphasises her superiority in knowledge over all of her contemporaries.

[1] *Op. cit.*, pp. 261–266.

She points out that Hildegarde foretold auto-infection, and almost seemed to foretell or to comprehend the circulation of the blood; that she regarded air as a food; that she recognised the brain as the regulator of all the vital processes and as the centre of life, and understood the influence of the nervous system and marrow on the process of development. "In short, a profound intellect, reflecting on all subjects with the intuition of genius, full of experience, embracing the whole science of her time: so does she appear in her first medical work."

The "liber subtilitatum" is, says Dr. Reuss,[1] "the most valuable record of German natural science and medical knowledge in the Middle Ages, scientifically considered." He considers that many of the ideas of natural philosophy, observations in zoölogy and botany, and pharmacological discoveries of modern times are detailed or suggested in the "liber subtilitatum." Reuss, himself half scientific and half mystical, calls it "a German national work,—a codex of German natural and medical science, of German cloister and folk medicine. . . of highest value. . . . No less precious is it as a history of morals, mythology, and economics." He explains her intellectual achievements as having been possible "not by means of the senses nor yet in somnambulistic ecstasy, but through inner illumination of the understanding and divine revelation. . . .

[1] Quoted by Schmelzeis, p. 500.

Thus only," he says, "is the keen vision of the saint explicable, which, towering far above the scientific standpoint of that day, enabled her to penetrate the innermost secrets of nature and to frame such a deeply reflective, mystic, speculative, and comparative explanation of the life of the plant and animal world." The modern mind, however, would hardly conjecture that Hildegarde's knowledge was not based on the evidence of the senses. But how did she gain this knowledge? It is supposed (from incidental and extremely brief references in her writings) that the care of the sick was a feature of the convent life both at Disibodenberg and on the Rupertsberg, and it is most probable that this is true, as such duties were common to all monasteries. No account of nursing work as such, however, and no special mention of the care of the sick are to be found in her biographies (founded on her autobiography) save here and there passing allusions to wonderful cures, and to the numbers of infirm who came to her for advice and treatment. Nor does Schmelzeis give attention in his ample volume to nursing as such.[1] Lipinska, quoting Reuss, merely says: "She had in so high a degree the art of curing that no ill person came to her who did not recover health." Wherever

[1] In the *Internat. Encyc.* (art., "Nursing") the statement is made that Hildegarde founded a "training school for nurses" for service in the hospitals, but this would appear to be too modern an idea to be accepted literally.

there are legends of miraculous cures there has always been some distinguished success in practical treatment, some individual gifted with knowledge of medicine and nursing. Hence it may be reasonably concluded that Hildegarde gained her medical knowledge not transcendentally, but from the observation and management of patients; and it would seem highly probable that she had detached herself from Disibodenberg and the rule of the abbot for the purpose of having complete liberty of intellect and of time to devote herself to research. She has recorded the widespread and persistent opposition that she encountered in taking this step, and the malicious whispers that went about. "How is it that so many secret things are revealed to this silly and untaught woman, when there are plenty of wise and zealous men?" "Many," added Hildegarde, "wondered whether my revelations came from God, or were seductions of evil shades." Besides popular mutterings there was much opposition from the monks, who wished to keep so distinguished a member to reflect glory on their own otherwise insignificant community, and from the church dignitaries, but all finally yielded before her reiterated declaration that she was inspired by the divine will. Schmelzeis, who accepts unreservedly the theory of supernatural guidance, relates with great minuteness the care and persistency with which she freed herself entirely from the control of the abbot of Disibodenberg,

and carefully explains and justifies her whole attitude in this bold emancipatory action, on the ground of the great purposes divinely held in store for her, as proved by her subsequent career of eminence as a moral teacher, adviser, and oracle.

Hildegarde's medical works were written between 1151 and 1159, when she was nearly sixty years old. In a recent publication a German physician has examined them with considerable minuteness of detail,[1] translating and transcribing from them copiously. The list of subjects which she deals with is indeed amazing, and includes the whole range of sexual physiology as well as of medicine and hygiene. Perhaps it was because of the startlingly scientific character of her medical books that they were not included in the list of writings made under the auspices of the Church, and this may, too, have been the reason why Hildegarde, though revered and celebrated as a saint, was never officially canonised. She is, however, enrolled as a saint[2] in the *Martyrologium Romanum*. Hildegarde's religious writings are equally remarkable, but with these, and her journeys, on which she publicly preached and taught, our subject does not permit us to concern ourselves. It is to be hoped that some day there

[1] Dr. phil. Paul Kaiser, *Die Schrift. der Aebtissin Hildegard* in *Therapeut. Monatshefte*, Berlin, June–Dec., 1902.

[2] *Allgemeine Deutsche Biographie*, art. "Hildegard," von den Linde. Leipzig, 1880.

may appear, what v. d. Linde says has not yet been written, a scientific or rational life of Hildegarde.[1]

[1] *Allgem. Deutsche Biog.*, art., "Hildegard."

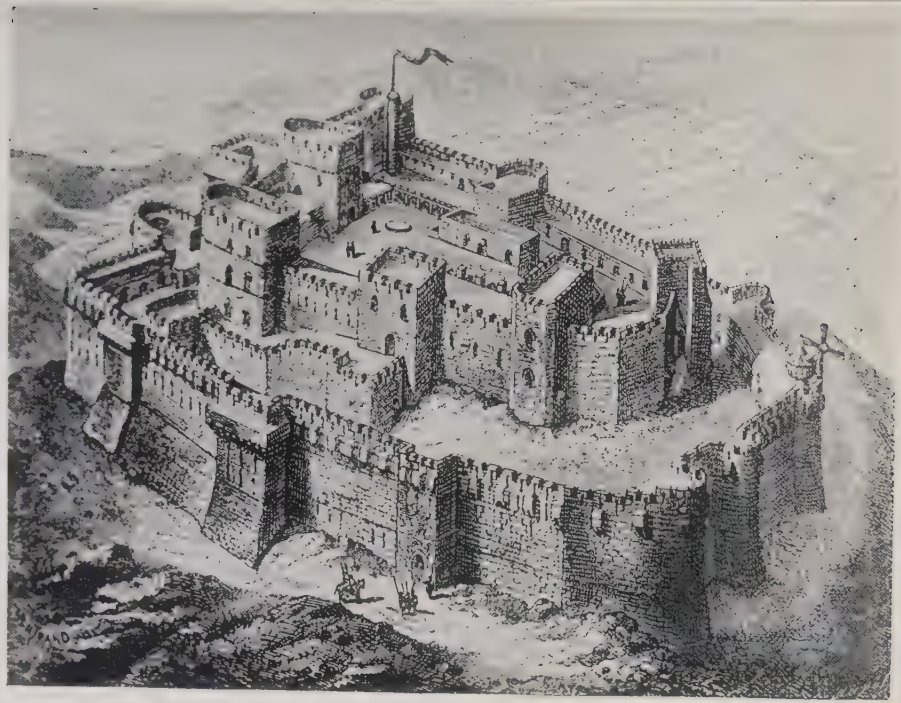
CHAPTER IV

THE MILITARY NURSING ORDERS

ANY history of the Orders of Military Hospitallers, which for seven centuries held the attention of the civilised world and even now rise before us in splendid and soul-stirring recollection, of necessity must include some account of the Crusades which gave them birth. The "supreme folly of the Middle Ages," some writer has called the Crusades, and the phrase has passed into common use. "For myself," says Froude, "I no more call the Crusades folly than I call the eruption of a volcano folly, or the French Revolution, or any other bursting up of the lava which lies in nature or the heart of mankind." In all climes, in all ages men have looked upon certain places as sacred, either because of events which have taken place upon the spot or because relics have been there enshrined; and whatever the object, whether to obtain relief of mind, body, or soul, the long record of visits and pilgrimages to temples, sepulchres, and other holy places, stretches back and is lost in the dim vistas of the past. The temples of Greece and

of Mecca, the sacred places of the devout Buddhist, the tombs of kings, saints, and martyrs, have all been the scenes of pilgrimages made by the faithful or suffering souls of their day, and it is easy to see how dear and sacred all Christians would hold the cave hollowed out of the rock near the place where Christ was crucified, and where His body was afterwards laid. Soon after His ascension, we are told,[1] pilgrimages to Jerusalem began. With scrip and staff the pilgrim fared forth on his long and painful journey, returning if all went well to place a branch of the sacred palm tree over the altar of his church in proof that he had fulfilled his vow. Women undertook these journeys as well as men. Helena, the mother of the Emperor Constantine and the first woman to go to Palestine, won the admiration of early writers for the "remarkable courage and warm devotion" with which she made the pilgrimage and built her church at Jerusalem. Paula followed her, and the result of her pilgrimage was the series of hospitals built by her that "no one need suffer for lack of shelter on the road where Mary the mother of Christ had no refuge but a stable." The tide of pilgrims finally became so great that, as one writer says, the journey became what might be termed a fashionable recreation, so that as early as the fourth century certain bishops lifted up their voices against the growing fashion,

[1] *The History of the Crusades*, by Charles Mills, Longmans, London, 1828, vol. i., p. 3.



Fortress of the Knights Hospitallers, in Syria, taken from the Kurds by the Franks about the year 1125, and rebuilt in 1202. A representation of it as restored. Engraving from *Monuments of the Architecture of the Crusaders in Syria*, by M. G. Rey

Military and Religious Life in the Middle Ages and at the Period of the Renaissance, by Paul Lacroix. Bickers & Son, London

and warned the women more especially of its perils. The love of pilgrimages, Mills tells us, was nourished by a circumstance having no apparent connection with a spirit of devotion. The constant intercourse which France had for many years maintained with Greece then extended to the opposite shores of the Mediterranean, and commerce and religion so joined hands that the "holy traveller and worldly merchant were often united in the same person, and the hospitals which charity had founded for the faltering pilgrim on the road to Jerusalem were the resting places of the caravans."[1] There appears to have been a further incentive to the making of pilgrimages in large profits to be obtained from the sale of relics credited with miraculous properties; particularly those fragments of holy wood said to be portions of the true cross, concerning which Erasmus was prompted to say, "If the fragments of the cross were collected enough would be found for the building of a ship." Meanwhile the holy city of Jerusalem became the scene of increasing contention and warfare. At first the conquering pagans built temples to Venus and Jove over the most sacred places. In the fourth century the Cross triumphed and Christian churches replaced the heathen temples. In the seventh century arose the Star of Islam, and the mighty Mahomet held sway until the invasion of the Turks from the North ended in making these fierce barbarians

[1] Mills: *The History of the Crusades*, vol. i., p. 12.

the masters of Palestine. Throughout the earlier centuries the places so venerated by Christians had been open to pilgrims of every land, from India to Britannia, and few restrictions were placed upon their visits beyond the exaction of various fees and taxes. As the sword of Mahomet took the place of eloquence as a means of propagating his religion, the difficulties of the pilgrims grew into dangers. Safety had to be purchased by tribute money, and violence added to robbery threatened them on all sides. But neither difficulties nor dangers stayed their progress, and pilgrimages went on increasing until the prevailing belief that the world would come to an end in the year 1000 carried a wave of religious fervour over Europe and sent Christians in thousands crowding to the Holy Land. "The roads were covered with multitudes of either sex and of every rank, who professed their contempt of life so soon as they should have kissed the tomb of their Redeemer."[1] Their ill-treatment at the hands of the infidels, the miseries and indignities which they suffered, at length (about 1050 A.D.) led certain rich merchants of Amalfi to establish at Jerusalem two hospitals (one for each sex) under the protection of St. John the Almoner[2] and St. Mary Magdalene. Here, says Mills, the "weary

[1] Gibbon's *Roman Empire*, vol. vii., p. 175.

[2] Neither the Evangelist nor the Baptist, but a certain Cypriot, surnamed the Charitable. Hallam's *Middle Ages* vol. i., p. 54.

palmers found repose, the sick were healed and the poor relieved. . . . Humanity was paramount over distinction of sects; and even no unfortunate Mussulman ever supplicated at the gate in vain."[1] The generous and tender ministrations of the attendants aroused a widespread interest, and we are told that alms and gifts were sent from all quarters to defray their expenses, while fresh service was constantly offered by pious pilgrims who, instead of returning to their homes, stayed to devote themselves to the wanderers constantly arriving, sick or destitute, from the West. "Those whom robbers had plundered were reclothed; those whom disease had debilitated were tended with skill and tenderness; and those who died were buried with Christian rites. This hospital of the Almoner was the cradle of the illustrious fraternity the Knights Hospitallers of St. John of Jerusalem, of Rhodes, and of Malta, who for seven centuries continued to be the sword and buckler of Christendom in Paynim war,"[2] and whose achievements "shed a long tract of splendour through time."[3]

The Christians under the caliphs had undergone

[1] Mills, *History of the Crusades*, vol., i., p. 14.

[2] *Knights of Malta*, Sutherland, p. 23.

[3] *Hospitallaria*, p. 37. There must have been some earlier establishment, for Vertot speaks of Bernard, a French monk, who in 870 A.D. made a pilgrimage to Jerusalem, and found there "an hospital for the Latins, and in the same house a library collected by the care and at the expense of Charlemagne."

much suffering and misery, but under the savage Turcomans these increased a thousand-fold. Weary pilgrims, unable to pay tribute, "perished at the very gates without the solace of having seen the hallowed crypt which they had journeyed so far to behold."[1] Those who survived the oppressions and cruelties of the Turks returned home "ill, weary, and pennyless,"[2] bringing tales of their own sufferings and of the sacrilege inflicted upon the Holy City; and the story of their woes gradually aroused in the Western nations a feeling which found vent later in the Crusade.[3] "In the course of a few years was kindled a flame throughout Europe which oceans of blood spilled through several centuries of ferocious warfare could scarcely extinguish. At the name of Palestine every Christian warrior grasped his lance, and the idea of rescuing the Holy City from the infidel dogs, and of avenging the sufferings of the Christians, aroused at last a storm of feeling which grew into a whirlwind of increasing and uncontrollable action." The Cross bore all before it and its champions grew into a mighty army. Guided by Peter the Hermit they swept on, one hundred thousand fighting men, and six hundred thousand pilgrims able to bear arms, besides priests, monks, women, and children. The disorderly, undisciplined mob, called by Mills an "infernal multi-

[1] *Knights of Malta*, Sutherland, p. 24.
[2] Mills, *History of the Crusades*, vol. i., p. 17.
[3] *Knights of Malta*, Sutherland, p. 24.

tude," perished miserably at the hands of the infidels before they had rescued a single city.

Their "graver and nobler brethren" who followed them under Godfrey de Bouillon were those who made the name of Crusader famous. "A more glorious army the sun never beheld. Its admirable order was the wonder of all beholders. Every movement was by sound of trumpet, the least disorder in discipline punished severely—a regular school for all the details of a soldier's day. . . . Brave, patient, sober, charitable as ever they could be, were those gallant warrior heroes,[1] whose like the world never saw." "Their camp presented the rare and edifying spectacle of a chaste and sober soldiery; and, although not free from the common disposition of extolling past ages at the expense of the present, the confession was drawn from the severest censors that there was far more virtue among the crusading warriors than among the hosts of Israel in olden time. The simplicity and purity of the early Church were revived. So affectionate was the union between the brotherhood that all things were held in common. The generals not only commanded and fought, but watched, and performed the most humble duties of the camp; so that the officer and soldier were scarcely to be distinguished. Artificial discipline was needless, when virtue pervaded every

[1] Fuller uses quite other adjectives.

part of manners."[1] This brief description of the crusaders shows the type of men who later became the knights of our order of hospitallers. Their long and difficult march to Jerusalem, their battles, victories, and defeats, their distresses through massacres, conflagration, famine, and pestilence, can only be touched on here, but a pleasant and refreshing little glimpse of women at their old familiar task is given by Mills:[2] "The Christians, weary, thirsty, and oppressed with labour and heat, would have sunk into despair if the women of the camp had not revived their courage, and brought them water from the stream. The combat was renewed with tenfold vigour." In a later chapter he says that the women took arms: "Nor were the women to be restrained from mingling in the fight; they were everywhere to be seen in these moments of peril and anxiety, supporting and relieving their fainting friends."[3] "Disease, that *faithful companion of want*, was envenomed by the rains of the winter, the summer heats, the unwholesome foods, and the close imprisonment of the multitudes."[4] And when after many terrible months the crusaders stood at last victorious in Jerusalem, it was with a mere remnant of their glorious army. Thus began the Holy War which extended over many centuries and was, "for continuance, the longest; for money

[1] Mills, *History of the Crusades*, vol. i., p. 138.
[2] *Ibid.*, vol. i., p. 142.
[3] *Ibid.*, p. 249.
[4] Gibbon, *The Roman Empire*, vol. vii., p. 219.

spent, the costliest; for bloodshed, the cruelest; for pretences, the most pious; for true intent, the most politic the world ever saw."[1]

When in 1099 Godfrey was made King of Palestine, one of his first acts was to inspect carefully the hospital of St. John (no longer the Almoner, but the Baptist), and he found it crowded with wounded soldiers who loudly extolled the humane attention they had received. Mills speaks of this hospital as the "great charitable establishment for Christians at Jerusalem," adding that "it felt every gale of the political storm which convulsed Palestine in the last half of the eleventh century, and received new vigour when the crusaders triumphed. So self-denying were the administrators of this charity, that the bread which they ate was made from the coarsest flour mixed with bran, while that given to the sick was made of the purest meal."[2] The admiration excited by the devotion of the brethren who were caring for the sick induced several crusaders of noble birth to lay aside their arms, and join them in their merciful work, and Godfrey was so grateful for the benefits which he and his crusaders had received that he endowed it richly with lordships and dependencies in various parts of Europe. His example was followed by other wealthy and

[1] *The Holy War*, Thos. Fuller, p. 28.

[2] Vertot, *Knights of Malta*, p. 14, vol. i.: "They clothed again such as had been stripped by robbers; there the sick were treated with care, and *every kind of misery found in the charity of these hospitallers a new kind of mercy to relieve it.*"

powerful crusaders, and in a short time, we are told, "the Hospitallers had the revenues of a great number of rich manors, both in Europe and Asia, at their command."[1] Up to this time the hospital had been purely secular in government, under the administration of Peter Gerard, who was simply entitled "Rector." A female branch of the order was as old as the men's, for the care of the sick and wounded made women necessary from the very first, and a noble Roman lady called Agnes was at the head of the sisterhood which served the hospital of St. Mary Magdalene. Nor were the females separated as nuns (which became the case afterwards), but joined the knights at table and in church, and by the couch of sickness, and attended the strangers of their own sex. Before the siege of Rhodes these Sisters wore a red robe with black mantle, and afterwards all black.[2] When the order was first dispersed, after the recapture of Jerusalem by the infidels, it is not clear what became of the Sisters of St. John, but they were subsequently found in Spain, where they possessed valuable lands and buildings. They also reappeared during the thirteenth century in France in the hospital of Beaulieu.

Whether the acquisition of so much valuable property made it desirable to alter and enlarge the scheme of government, or whether Gerard

[1] *Achievements of the Knights of Malta*, Sutherland, p. 36.
[2] Helyot, *Les Ordres Monastiques*, vol. iii., p. 128.

Ancien habillement des Religieuses de l'Ordre de S. Jean de Jerusalem de l'Hôpital de Beaulieu, avant la prise de Rhodes

Helyot, *Les Ordres Monastiques*, etc., vol. iii.,

was so impressed with the importance and sanctity of his office that he wished to enhance it, or whether pressure from higher ecclesiastical sources was the cause, soon after the Holy City had become somewhat tranquil and settled the Brothers and Sisters formed a religious fraternity formally abjuring the world,[1] and dedicated themselves at the altar as the servants of the poor and of Christ, under the rule of St Augustine.[2] The brotherhood assumed a regular habit: a black robe, having a white linen cross of eight points, symbolical of the eight Beatitudes, embroidered on the left breast,—what we now call the Maltese cross. Fuller in describing their dress said they wore on a black cloak the white cross of Jerusalem, which is a cross crossed, or five crosses together, in memory of our Saviour's five wounds. Jerusalem was now in the hands of the Christians, and the story of the victory brought multitudes of pilgrims filled with religious transport to visit the Holy City and its sacred places. As before, many at the end of their journey were wayworn, sick, and destitute, and the Hospitallers found steady employment in relieving their sad conditions. The fame of the benevolent friars spread abroad and they are described as "feeding daily an innumerable multitude of poor, attending to the sick, and comforting the dying, consecrating

[1] *The Order of St. John of Jerusalem*, John Taaffe, p. 225.

[2] *Histoire des Ordres Monastiques, Religieuses, et Militaires*, Helyot, Paris, 1714, vol. iii., p. 75.

their days to deeds of mercy." [1] So widespread was the gratitude aroused, and so many were the gifts, that it was said there was scarcely a province in which the House of St. John did not own manorial rights. So wealthy and extensive did the order finally become that we are told it possessed principalities, cities, and villages both in Asia and Europe, and within the bounds of Christendom had liens on no less than 19,000 manors. Fuller makes a caustic and characteristic comment on the order, which had taken solemn vows of chastity, poverty, and obedience. "But it is given," he says, "to most religious orders to be clear in the spring, and miry in the stream. These Hospitallers afterwards getting wealth, unlaced themselves from the strictness of their first institution. . . . What was their *obedience* to their master, but rebellion against the patriarch their first patron? as shall be showed hereafter. What was their *poverty* but a cozenage of the world, whilst their order sued *in forma pauperis*, and yet had nineteen thousand manors in Christendom belonging unto them?" [2] Their revenue, says Mills, was more ample than the largest demands of charity, and it led naturally to an extension of their work. More and larger buildings were erected for the reception of pilgrims, and for the brothers who served them, and

[1] Taaffe, p. 178: "My order must not be men, but superior to men," said Gerard.

[2] *The Holy War*, Thos. Fuller, p. 52.

Religieuse de l'Ordre de S. Jean de Jerusalem du monastère de Toulouse, en habit de Chœur

Helyot, *Les Ordres Monastiques*, etc.

the order enlarged its sphere by establishing dependent hospitals in the maritime provinces of the West. In these not only were sick pilgrims cared for, but guides and convoys were supplied, and information was given about transport by ships and caravans. They were exempt from the payment of tithes and were granted many privileges by successive occupants of the papal chair. In 1118 the father and virtual founder of the order, the peace-loving and charitable Gerard, died and was succeeded by Raymond du Puy, a man of entirely different type, bred in courts and camps, haughty and warlike. Under him the order changed and became distinctly military in character —a body of warrior monks who combined the relief of the poor, the care of the sick, with the duties of the soldier: "two distinct professions," as Vertot says, "seemingly opposite in their natures." He adds "Their garb was plain and modest; they reserved magnificence for the ornament of their altars; and the poor pilgrim reaped the advantage of the frugality of their tables. They never left the apartments of the sick but to give themselves up to prayer, or to take the field against the enemies of the Cross." [1]

At some time during du Puy's administration of about twenty-five or more years, the rules of the hospital of St. John were definitely promulgated, and their influence on subsequent hospital management was widespread and powerful.

[1] Vertot, *The Knights of Malta*, vol. i., preface.

That rule especially which related to the reception of patients dominated all hospital regulations of the Middle Ages, and was repeated word for word in most of the old regulations of the *Maisons-Dieu*. Le Grand gives it as follows: "When the patient presents himself in the house designated by the Master he shall be received as follows: having first confessed his sins to a priest he shall receive the communion; then he shall be put to bed, and there he shall be treated as a noble according to the resources of the house, and every day, before the Brothers go to their own meals, they shall charitably give him to eat."[1] Le Grand further suggests the probability that this was a formal asseveration of the customs which had obtained in the ancient hospital as conducted by the men of Amalfi, and therefore probably dates back to the earliest Christian centuries.

The hospitallers were now divided into three classes: first, the knights, men of patrician birth who bore arms and monopolised the dignities of the order; second, the priests, who attended to all religious duties in church, camp, and hospital; third, the serving brothers or *serjeus* (half-knights), who served as they were needed. (The word *serjeus* seems to have been used in an interesting sense in ages when ideas of love and religion were

[1] *Statuts d'Hôtels-Dieu et des Léproseries: recueil de textes du XIIe au XIVe Siècle;* publié par Léon Le Grand. Paris: Picard et Fils, 1901. Introduction pp. ix.–x.

Grand-Maître de l'Ordre de St. Jean de Jerusalem
Helyot, *Les Ordres Monastiques, Religieuses et Militaires*, vol. iii., p. 74

mixed, and Mills calls attention to the phrases *serjeus de Dieu* and *serjeus d'amour* as common in old authors, and to Shakespeare's "affectious men at arms.") When not engaged in war the various duties of the hospital occupied the knights, and it is said that not even the heroes of Greece were more zealous than the heroes of Palestine in healing the wounded soldier and pilgrim. The fame of these warrior monks soon filled all Christendom, and the youthful chivalry of Europe vied with each other in the wish to be enrolled under the White Cross banner.[1] In a little while, we are told, the order was crowded with noble and valiant knights from every country, and the members were divided according to their language into *langues*. As the order grew in numbers and establishments, it was still further divided into seven nations or langues, viz., Provence, Auvergne, France, Italy, Aragon, Germany, and England. So vast did the property of the order finally become that in order to administer it properly it became necessary to divide it up into Commanderies, each governed by a member of the order entitled "Commander." These in turn were divided into priories, under the direction and control of a "Grand Prior." Their treasury was considered richer than that of any potentate of Europe, and the chief of the order came to be considered the most powerful prince of the East. At this period

[1] The banner of St. John was a white cross on a red field.

there were said to be of knights, priests, and serving brothers not less than 30,000 in number.[1] In accordance with a papal edict the black habit with the cowl and the white linen cross of eight points was at first worn by all hospitallers. At a later period, the Knights of St. John were distinguished from the others by a white cross upon a red ground. During the solemn and impressive ceremonies with which a knight was received into the order, the black robe was thrown over him, and pointing to the white cross the brethren said: "We wear this white cross as a sign of purity. Wear it also within thy heart as well as outwardly, and keep it without soil or stain. The eight points are the signs of the eight beatitudes which thou must ever preserve, viz.: 1. Spiritual joy. 2. To live without malice. 3. To weep over thy sins. 4. To humble thyself to those who injure thee. 5. To love justice. 6. To be merciful. 7. To be sincere and pure of heart. 8. To suffer persecution."[2] The form of

[1] "At this period there was not a potentate in Christendom who had not some Hospitallers in his Council. At Florence, Pisa, and Verona they had magnificent hospitals and churches, and the sisters of the order were esteemed as perfect models of Christian virtue. It is told of Sister Ubaldina, of Pisa, that she was the mother of the poor, the restorer of the sick, the comforter of the stricken-hearted; there was no kind of misery for which she had not a remedy or consolation." *Knights of Malta*, Sutherland, p. 105.

[2] "There is delivered them: 1, a sword, in token that they must be valiant; 2, with a cross hilt—their valour must defend religion; 3, with this sword they are struck three times over

government, we are told, was "aristocratical," the supreme authority being vested in a Council of Knights, of which the Master was president. Whatever the form, the spirit animating it must have been high and noble, for all writers agree in praising their austerity of life; the great charity which was as much a feature of the smaller houses as of the hospital from which they sprang; the purity of their lives, which we are told was "no less remarkable than their disinterested temper of not appropriating anything to themselves." Andrew, King of Hungary, says of them: "Lodging in their houses I have seen them feed every day an innumerable multitude of poor, the sick laid in good beds and treated with great care, the dying assisted with an exemplary piety, and the dead buried with proper decency. In a word, the Knights of St. John are employed sometimes like Mary in contemplation, and sometimes like Martha in action." [1]

About this time (1119 A.D.) appeared the Red Cross Knights, or Templars, and they are referred to here in order that they may not be confused

the shoulders, to teach them patiently to suffer for Christ; 4, they must wipe the sword—their life must be undefiled; 5, gilt spurs are put on them, because they are to scorn wealth at their heels; 6, and then they take a taper in their hands. for they are to lighten others by their exemplary lives; 7, and so go to hear mass, where we leave them."—*The Holy War*, Fuller, p. 53.

[1] *The Military Religious Orders of the Middle Ages*, F. C. Woodhouse, p. 46.

with the Order of St. John. The Templars were originally formed for the sole purpose of guiding and guarding pilgrims through mountain passes and other difficult and dangerous places on the way to and from Jerusalem. They were at first a voluntary association of French gentlemen of noble birth(the Order of St. John was of Italian origin), but later took the usual vows, adopted a habit, and established a headquarters at Jerusalem near the temple, hence the name—*Templars*. From the fact that these first founders were supposed to be pupils of the Hospitallers, and to have subsisted several years upon their bounty, some confusion has arisen about them. They were never a nursing order. Unlike other religious orders, the Templars wore their beards long. Originally they wore a white and later a black habit (the white being a symbol of the purity of their lives and professions, the black being later assigned to the inferior officers), with a red cross on the shoulders to remind them that they must be ready to shed their blood in defence of the faith. In battle their banner, half black and half white, called *Beauseant*, was designed to show that though fair to Christ's friends they were black and terrible to His enemies. They rose to great power and dignity and will be remembered for the beauty of their churches, as the hospitallers are for their splendid system of hospitals. In their later years their great power and wealth became the cause of their ruin.

Still another order of knights hospitallers, of German origin, was formed in 1191, called the Deutsche Orden, or Teutonic Knights. Its actual foundation had begun sixty years earlier,[1] when a German merchant from Bremen had founded a hospital dedicated to Mary at Jerusalem for male pilgrims of his own country, and his wife had built a similar one for women.

The nursing staffs of these hospitals had at first been affiliated with the order of St. John, and as the work and numbers grew, and a community developed vowed to the service of the sick and poor, and the defence of holy places, Pope Clement III. first made it an independent hospital order; and finally, in 1197, when a vast concourse of knightly warriors were at Accon and military feeling ran high, the brotherhood, with pomp and ceremony, assumed knightly duties under the direction of a Grand Master. Their first hospital was destroyed by the fall of Jerusalem in 1187, but was revived at the siege of Acre, where German soldiers, in order to assist the sick and the wounded, converted their tents, which were made out of the sails of ships, into a temporary hospital. Members of the Teutonic Knights Hospitallers were all at first of noble family, and to the usual monastic vows of poverty, chastity, and obedience they added a fourth vow requiring them to care for the sick and defend the faith. Over their black habit was worn a white

[1] In 1128, according to Herzog.

cloak with a black cross embroidered in gold on the shoulder. They were divided into warriors, nurses, and spiritual Brothers. They adopted, for nursing, the regulations of the Knights of St. John, and for war those of the Templars.[1]

These are the three great orders with whose exploits the Middle Ages rang. The Knights Hospitallers of St. John of Jerusalem were at first a purely nursing order, and later became military. The Knights Templars were always purely military. The Teutonic Knights from the first had both nursing and military duties. They were compared with the mystic living creature seen by Ezekiel, having the faces of a man and a lion, the former significant of their charity in tending the sick, the latter of the bravery with which they fought the enemies of Christ. They became very strong in Germany, and spread widely, many hospitals being given over into their hands. In the 12th and 13th centuries, with the rise of the middle classes, the Teutonic order was strongly tinctured with democracy, gaining thereby fresh strength, but incurring the jealousy of the clergy.[2]

Another famous knightly order was that of the Knights of St. Lazarus; according to some historians it was the oldest of all the orders of hospitallers and sprang indirectly from the great hospital

[1] *Wetzer und Welte*, art. "Deutsche Orden."

[2] *Öffentliche Krankenpflege im Mittelalter*, Dr. Victor Fossel, 1900, p. 8.

built by St. Basil in 370 at Cesarea, to which was attached a house of separation for lepers. There are even legends which seek to trace the leper-serving order back to the very days of Christ and of the Lazarus who was the brother of Mary and Martha. Father Helyot discredits these legends, and Creighton shows that there exist no proofs that Lazarus, the brother of Martha, ever had leprosy, but that a mist of religious sentiment has merged the mythical beggar Lazarus of the parable and the Lazarus who was raised from the dead into one composite figure.[1] Helyot does not even agree that the order of St. Lazarus as such dates as far back as the days of Basil, but he mentions the belief of those who hold that it was established under Basil's rule, to serve in the many leper hospices built after the pattern of the Basilias, and that it was approved by Pope Damasus.[2] At a later date institutions similar to the Basilias were formed in various places in the East, and one of them apparently was in existence at Jerusalem at the time of the first crusade. The buildings were dedicated to St. Lazarus, the patron saint of lepers, and styled Lazarettos.

While legend thus carries its origin back to the fourth century, exact data only begin with the

[1] *History of Epidemics in Britain*, Charles Creighton, M.A., M.D., Cambr. Univ. Press, England, MacMillan & Co., New York, 1891, vol. i, pp. 79, 80.

[2] Helyot, vol. i., p. 258.

times of the crusades. The order received as members not only knights who had shared in the wars of the crusades and who desired to devote themselves especially to the care of lepers, but also those who had themselves been stricken with the dread disease. There were two bodies of knights, the warriors, and the hospitallers. There were also Sisters of the order. A statute of the Lazarists made it obligatory upon them to choose a Grand Master of noble family who was himself a leper, and this curious rule was only abrogated in 1253, when, all lepers of noble birth having perished before the infidels, Pope Innocent IV. gave permission to elect a non-leper to this post. After the crusades, the order attained wide recognition and prosperity in Europe. Christian princes bestowed lavish gifts upon it, and its activity was immensely accelerated by the bull of Pope Clement IV., which decreed that lepers should be compelled to enter the lazarettos. The kings of France gave the order rich possessions in land, and assumed the privilege of naming the Grand Master, whose seat was at Boigny. In 1608 Henry IV. united the French branch with the newly organised community of Our Lady of Mount Carmel. Under the name "Knights of Our Lady of Mount Carmel and of St. Lazarus" the old regulations of the Lazarists disappeared, except for one which bound them to the special care of lepers; but the gradual effacement of leprosy from European society robbed the order

of all that was typical in its form, and at the time of the French revolution it was finally suppressed. In Italy it had a similar history. In 1490 Innocent VIII. had declared it suppressed, and issued a bull to this effect, which was disregarded in France, and only had the effect of dividing the order. The Italian branch was united by the Pope with the Knights of Malta at the request of the latter, to whom the prominence of the Lazarists was a cause of jealousy. A later pope undid this union, and the order of St. Lazarus again had a period of independent existence until Pope Gregory XIII.'s time, when he, having a preference for the order of St. Maurice, amalgamated the Lazarists with it under a Grand Master of his own choosing. By 1830 the combined orders had ceased to exist.

The first Knights of St. Lazarus in Jerusalem wore a plain cross on their mantle (of which the colour is not known), with four arms of equal length, somewhat flaring at the ends. The French Lazarus cross was an eight-armed golden and green or purplish-red cross with tiny golden lilies in the corners. The Italian insignia was white and green.[1] The emblem of the order of St. Lazarus has in recent times become the heritage of the German Nurses' Association. The name lazaretto

[1] *Das Lazaruskreuz—unser Abzeichen;* by *Schwester Ch. v. C.*, in *Unterm Lazaruskreuz*, Nov., 1906, No. 21, pp. 2, 3, from data given by Herr Prof. Luthmar, Director of the *Kunstgewerbeschule* at Frankfort.

also lost its original significance and in time was applied to military hospital wards, perhaps through some sinister association of ideas with venereal diseases.

We shall now return to the Knights Hospitallers of St. John. All through the thirteenth century they fought bravely in defence of the Holy Land, and dispensed to Crusader and Moslem alike, when sick or wounded, the tenderest charity. As for their hospitality, it was of so generous a kind that never was the worn or weary traveller turned from their door, and their expenses on this account were among their heaviest. "Hospitality," they said, "takes the highest rank among virtues. It includes all others."[1] At the end of the thirteenth century the last Christian stronghold in Palestine was Acre, and to defend it the Hospitallers and Templars united against the Sultan of Egypt, only to suffer a defeat so crushing that every Templar was killed and but seven Hospitallers escaped. This little remnant of the order found temporary asylum in Cyprus, and later, gathering their forces together, captured

[1] "The duties of hospitality are three: to defend the guest going and coming; to feed and lodge him when well; to try to cure him when sick."—*The Order of Knights of St. John Jerusalem*, John Taaffe, p. 149. It is probable that the hospitality of the Brothers was sometimes taken advantage of, for in later times they found it necessary to exclude from hospital care assassins, highway robbers, incendiaries, sodomists, conspirators, thieves, traitors, poisoners, debtors, false witnesses, and sacrilegious persons.

Ancien habillement des Chevaliers de l'Ordre de St. Lazarus dans le Quinzième Siècle

Helyot, *Les Ordres Monastiques*, etc., vol. i., p. 257

the island of Rhodes, which they held triumphantly against heavy odds for two hundred years. In 1522 they were finally obliged to surrender to Solyman, and for some years after the Knights were without a headquarters, though they still owned rich possessions in every country in Europe. In 1530 the Emperor Charles V. granted to them the isles of Malta, Gozo, and Tripolis with all their fortresses and castles. The first became their stronghold, and the closing scene of their triumphs. The Knights have been successively known as the Knights of St. John of Jerusalem, the Knights of Rhodes and the Knights of Malta, but, despite the diversity in name, there was never any change in the order. They were always the Knights of St. John. The city of Valetta was founded by their Grand Master La Vallette, and so magnificently fortified as to command still, even in decay, the deepest admiration and interest. At Valetta was established in 1575 one of the largest and most important of the many hospitals of the order. The Holy Infirmary of Knights of St. John is still in existence and remains as a "magnificent monument of architecture." [1] It consists of a great group of buildings, accommodating from 700 to 800 patients and containing under one roof an enormous ward 500 feet long, 34 feet wide, and 30 feet high, and various smaller wards,

[1] *The Regulations of the Old Hospital of the Knights of St. John*, by W. K. Bedford, 1882, p. ix.

offices, and kitchens, etc. Notwithstanding many irregularities and later additions the whole construction is considered to be of very great architectural beauty. The walls are thick and the windows small and high, showing how lightly sunshine was valued in those days. The darkness of the large ward was relieved by tapestries and pictures. In an old print the beds are shown with curtains in the form of bell-tents, which we may assume to have been either for the purpose of securing greater privacy or of keeping away mosquitoes and flies. A peculiar interest attaches itself to this institution because of the remarkable splendour of its equipment and service.[1] They were unrivalled in their day, and indeed, with all the improvements in hospital service which modern progress has brought, we would find it hard to better some of these old regulations of 1533. In reading them over one is struck with the careful arrangements made for the division of labour, and the proper conduct of the work. The Grand Master of the order was the superior or official head of the infirmary. The Grand Hospitaller[2] presided directly over it and attended to its welfare. The Infirmarian, a professed knight, was the actual manager of the hospital, assisted by two knights called *Prodomi*.

[1] The Order of the Knights of Malta is famous as the only order that received insane patients. *The History of European Morals*, by W. H. Lecky, vol. ii., p. 89.

[2] Chief of the French *langue* or community.

The Infirmarian lived in the building, was responsible for its entire government, not only for the discipline and good conduct of officials, but also for the welfare of the sick to such a degree that he was obliged to supervise the physicians when treating their patients. These are his duties and those of his two immediate assistants, as defined by the regulations:

The Infirmarian is a professed knight, to whose zeal the care of the sick is entrusted, whom he must provide with beds according to their condition and need. He resides in a separate apartment in the Infirmary. Early in the morning he has the bell rung for the visitation, at which he is present, to see that the sick are carefully attended to by the physicians, and that what is necessary is ordered for them. The time for dining arrived, he has the dinner-bell rung to summon all the officials, and he is present at the same to make sure that each of the subordinates does his duty; and he does the same in the evening at the visitation and supper. Above everything, he must have perfect quietness observed, and therefore he must often visit the beds at night, and the wards, to look after the warders, lights, etc." [1] . . .

Two professed knights of integrity (commonly called *Prodomi*) are appointed by the Most Eminent the Grand Master, who must attend to the wants of the sick, looking after the quality and quantity of the allowances, the distribution of the medicines, and all necessary provisions and food. They must also note the daily expenses and consumption of things

[1] Bedford, *op. cit.*, p. 3.

in the Infirmary, signing with their own hand the vouchers for payments.

They provide many poor incurables, who are incapable of providing for themselves, with daily alms, and distribute to others, in addition to what remains in the caldrons, a large quantity of soup and vermicelli, which is cooked on purpose every day; also a large number of old sheets and coverlets are given to poor women, and many bandages and crutches for cripples. They provide nurses, give them payment, monthly, and clothing for the poor Foundlings, to whom, when they are weaned, they give the necessary food in the aforementioned place, La Falanga [the foundling hospital]; and, finally, they superintend the management of the hot baths and mercurial anointing, which are in a separate ward of the Hospital.[1]

Every detail of work was carefully thought out, and every office had its appointed officials.

The *Armoriere* was intrusted with all the silver plate of the Infirmary which was used for the sick,

[1] "How full of charity these first Hospitallers were! for there is a description come down to our day of what was an old custom in 1185 and would not be an old custom without sixty or seventy years' standing, which brings us back to Gerard's time—what care of Crusader's children . . . and abandoned infants, and of alms to the imprisoned, and how they should be clad as soon as liberated, of marriage portions to poor girls, and of food and clothing to all who asked it three times a week without limit as to number; . . . that there shall be workmen and a tailor's room for the indigent to have their raiment mended every day, etc., etc." *The Order of Knights of St. John of Jerusalem,* by John Taaffe, p. 178.

and was responsible for its cleanliness and safe custody.

A "Clerk of the Habit" registered all the expenses of the Infirmary in the principal ledger, which was delivered every year to the Reverend Chamber of the Common Treasury; was present at the distribution of doles, and was intrusted to draw up the wills of the sick. He lived in the hospital and his task seems to have been easy.

The *Linciere* had charge of all the linen and furniture and bedding. He was allowed a paid servant, and several slaves to clean, beat the wool, and remake mattresses.

The *Bottigliere* took charge of all the wine, bread, oil, etc., which he supplied according to the vouchers of the Prodomi. He had a paid assistant, and a room in the Infirmary.

There were two cooks, a purveyor and assistants, who provided all the meat for the allowances, which they could not receive into the kitchen until after inspection by the Prodomi.

To assist the cooks and warders in the care of dirty vessels and other mean offices, about forty-four Christians and Turks were selected from the Prison of Slaves, for whom there was a separate Infirmary in the same prison.

The Holy Religion kept, besides, a paid physician for a public daily lecture on anatomy; and in order, more especially, that the beginners might be trained, a public lecture was held

every Wednesday, at which ordinary diseases were discussed.

The medical staff further numbered two "practitioners who must see that the surgeon's orders are carried out," and six young men assistants called *barberotti*, who were required to be on duty in turn, not to "leave the Infirmary without proper assistance, especially in sudden cases." [1]

"There was also a barber-surgeon or phlebotomist, who had charge of the leeches, cataplasms, *vissicanti*, etc., pertaining to medical things, and had under him two paid young men."

We hear of but one woman, who was described as "elderly and experienced," living out of the hospital, and taking care of the cases of scurvy. The spiritual needs of the patients were met by the chaplains, of whom ten were attached to the Infirmary.

The Regulations of the Wards open with the following interesting statement:—

Of the Wards.

The proper separation of the diseases and condition of the sick is observed in the Holy Infirmary, and therefore every room has its different use: . . . An old ward for the laity, religious orders, and pilgrims.

A large ward for feverish and other slight ailments.

[1] Bedford, *op. cit.*, pp. 7–11.

A small ward for serious cases and the dying, with a room adjoining.

A new ward for those who suffer from hemorrhage, with two rooms for those who undergo lithotomy. . . .

A room for mad people and their warder.

Two wards for those undergoing mercurial anointing separate from the Infirmary. . . .

Of the Beds, Sheets and Coverlets.

The beds of the sick are changed from time to time for requisite cleanliness, and they are remade every evening by the warders, whose duty it is to keep them clean.

The beds with curtains number in all 370, which are changed in the summer for white linen curtains. . .

Those beds used by persons suffering from consumption or other complaints are burnt, with all the sheets and other things belonging, without any reservation. . . .

The sheets are changed, without exception, according to the needs of the sick, even though they should require changing several times a day. . . .

The sheets as well as the coverlets, when old, are distributed after a certain time to poor beggars by the Prodomi.

Of the Silver Plate.

It contributes greatly to the dignity of the Infirmary and to the cleanliness of the sick, their being served night and morning with covers, bowls, and plates of silver; . . . The slaves are supplied with pewter utensils.

Here follows a long list of silver dishes, including,

	NUMBER
Bowls	250
Dishes	356
Cups	167
Basins	12
Spoons	256
Large Spoons	10
Forks	10
Quart-measures	43

Of the Hangings and Pictures.

For the greater comfort of the sick in winter, the walls of the rooms are hung with woollen curtains, which are given into the care of the *Linciere*, who has charge of them, and there are 131 of them. In the summer time the rooms are ornamented with pictures, which are well hung all about. . . .

Of the Quality of the Food.

The Prodomi, above everything, look after the good quality of the materials used in the preparation of the food, selecting always the best of everything; and therefore the sick are given the best soups made of gallinas, herbs, vermicelli, rice, and minced meat, and every kind of meat which has been ordered them—such as pigeons, fowls, beef, veal, game, forced meats—in such quantities as are necessary; besides milk of almonds, fresh eggs, plums, and raisins, and every kind of refreshment allowed sick people—such as restoratives, sweet biscuits, apples and pomegranates

with sugar, and other sorts of confectionary—according to the wants of each one. The knights and persons of the Habit receive double portions.[1]

John Howard visited this hospital in 1786 and recorded his impressions in vigorous English. One feels, as one reads, that much of the spirit and ideals of the founders had vanished, and in thought anticipates the downfall of the order which was complete a few years later. He says:

The windows, small as they are, are all close to the roof, so that there is nothing for the sick to look at, not even the sky, besides the dead walls and their sick comrades opposite. Medical officers complain of the bad moral effect produced on the sick by the want of light and view, and state that their patients come gradually to concentrate their whole thoughts on their maladies. . . .

All of the patients lie single. In the largest ward there were four rows of beds. . . . They were all so dirty and offensive as to create the necessity of perfuming them; and yet I observed that the physician, in going his rounds, was obliged to keep his handkerchief to his face. The use of perfume I always reckon a proof of inattention to cleanliness and airiness; and this inattention struck me forcibly on opening some of the private closets, with which this hall is very properly furnished.

There is a large apartment in which the governor of the hospital resides during the two years of his appointment. . . . He has a salary; and is gener-

[1] Bedford, *op. cit.*, pp. 14–19.

ally, as a sensible gentleman here told me, a young and inexperienced person, others either not liking the confinement, or being fearful of catching some distemper. . . .

The number of patients in this hospital during the time I was at Malta (29th March to 19th April, 1785) was from 510 to 532. These were served by the most dirty, ragged, unfeeling, and inhuman persons I ever saw. I once found 8 or 9 of them highly entertained with a delirious dying patient. The governor told me that they had only 32 servants, and that many of them were debtors or criminals, who had fled thither for refuge. At the same time I observed that near 40 attendants were kept to take charge of about 26 horses and the same number of mules in the Grand Master's stables, and that there all was clean. I cannot help adding that in the centre of each of these stables there was a fountain, out of which water was constantly running in a stone basin; but that in the hospital, though there was indeed a place for a fountain, there was no water.

"There is a great want of room in this hospital. I requested that a delirious patient who disturbed the other patients might be lodged in a room by himself, but was told that no such room could be found. Opposite to this hospital there is a large house, which is now used only for a wash-house. A great improvement might be made by providing a wash-house for the hospital somewhere out of the city (its only proper situation), and appropriating these spacious and airy apartments to poor knights and convalescent patients. The slow hospital fever

(the inevitable consequence of closeness, uncleanliness, and dirt) prevails here.

In the hospital for women there were 230 patients, who had all separate beds. The governess attended me through every ward, and was constantly using her smelling-bottle; in which she judged very properly, for a more offensive and dirty hospital for women I never visited."[1]

The Order of St. John was established in England in the year 1100 by some of the Brothers on their return from Jerusalem. Their first house, always the Chief House of the order, was the beautiful priory at Clerkenwell, a "noble structure," containing a church, a hospital, and an inn for the knights, of all of which only one gate is now left. This was built for them by a wealthy Norman baron and his wife, who also built near-by a nunnery for religious women, devoted to the service of God and works of charity. The only community of women which the order ever possessed in England was in the priory at Buckland, in Somerset, and was established in 1166. Contemporary history shows that the knights in England were of high consequence; the prior was always a baron and had a seat in Parliament, and they had riches and power—too much of both probably, for in 1534 King Henry VIII. abolished the order and seized their property, alleging, however, as a reason their adherence to foreign jurisdiction. Queen Mary restored the

[1] *Lazarettos and Hospitals*, John Howard, 1789, p. 59.

British branch with all its privileges and possessions, because of its great services on behalf of religion and humanity, making Sir Thos. Tresham the Lord Prior. Elizabeth, however, with characteristic vigour and thoroughness suppressed it absolutely and finally.

The pride of riches and power, with the gradual abandonment of the humbler humanitarian duties for a spiritual dominance, had made the once peerless order of serving brothers a menace to the secular power. Dr. Fossel says[1]: "Their vast riches brought the order no blessing. From the time of expulsion from the Holy Land the devotion of the order to the calling of nursing gradually waned. The warfare against unbelievers occupied its whole attention, and in comparison with this activity the works of mercy dwindled almost to nothing."

In the early part of the nineteenth century the English order was re-established, and in certain European countries the knights still survive, though entirely as a religious order, and not as a military power. A recent writer says that in 1837 the formalities of the order were still observed with splendour in several continental capitals.

Much more attractive, however, is the glimpse we have of them during the terrible earthquake

[1] *Öffentliche Krankenpflege im Mittelalter*, Dr. Victor Fossel, *Mitth. des Ver. der Ärtze in Steiermark*, Nos. 4 and 5, 1900, p. 8.

which in 1783 ravaged Sicily and Calabria, and entailed great suffering upon the surviving inhabitants. In this calamity the knights of the order were found ministering to the needs of the people, giving every relief in their power, and showing the benevolence and active charity which they seem to have possessed in a greater degree than any other body of men during the period of their greatest activity. The order has always been essentially aristocratic, and the priors, who have continued in regular succession, have frequently been men of high rank. The members devote themselves to humane and charitable work such as founding cottage hospitals and convalescent homes and providing means for training nurses for the sick poor. They provide convalescent patients in hospitals, without distinction of creed, with especially nourishing diet when this is needed. They award medals and certificates for special service in the cause of humanity. They founded the National Society for the Aid of the Sick and Wounded in War; and also an institution of widespread usefulness, the St. John Ambulance Association, whose purpose is to popularise instruction in "first aid to the injured" in peace or in war. In providing and maintaining a complete ambulance service for use in the mining and colliery districts they remind us of the merciful deeds of the Miserere, the Brothers of Pity, familiar in the streets of Florence. At the conference assembled at Geneva on October 26, 1863,

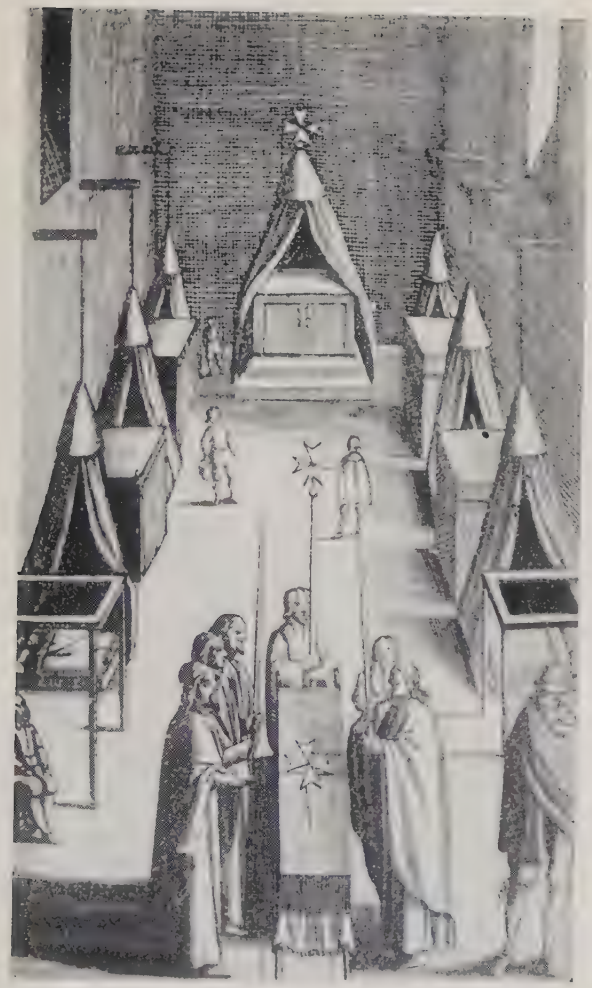
which we now think of as the Red Cross Conference, grouped around the delegates of the fourteen governments which were represented there, were found members of the Order of St. John of Jerusalem. In the last Code of Statutes of the society we find the membership to consist of various high officials, but the foundation upon which the whole structure rests is the "Serving Brothers and Sisters," last named upon the list. Of the articles defining the purpose of the order the two following (the first and last) bring down from the eleventh century the noble and the humane spirit which forms their true and lasting glory. The object and purposes of the order are:—

1. Generally the encouragement and promotion of all works of humanity and charity in the relief of sickness, distress, suffering, and danger, and the extension of the great principle of the order, "Pro utilitate hominum." . . .

16. Serving brothers and sisters . . . are chosen from amongst those who, from a spirit of charity, devote themselves to the care of the sick, and their energies to the objects of the order.

Neither their riches, their power, nor their dauntless courage, could give them the immortal place in history to which they are lifted by their deeds of charity and mercy.

In Germany the traditions of the Order of St. John survive in the Johanniter and Johanniterinnen; associations of men and women whose object



The Great Ward of the Hospital of the Knights of St. John in Valetta, as it Appeared in the Seventeenth Century

From an old German work upon the Order, printed at Augsburg in 1650. The print represents the beds of the sick, with the mosquito-curtains, and the knights in attendance on the patients. In the foreground is a funeral ceremony

is volunteer and charitable nursing. They train nurses for such service by giving them a short hospital course, and these are eligible for army nursing in war time. They thus continue to be identified with the history of nursing, but all consideration of their present status in the nursing world must be relegated to a later chapter.

In our own country the name St. John is still frequently associated with beneficent undertakings, almost entirely related with questions of health and sickness.

CHAPTER V

A GROUP OF SAINTS

St. Francis of Assisi.[1]—Foremost and most effective of the nursing missionaries to the lepers in the Middle Ages was Francis Bernardone of Assisi—St. Francis, the founder of the celebrated order of Franciscans or Brothers Minor, who, even as a gay, care-free young cavalier, the son of well-to-do parents, looked with mingled aversion, pity, and brotherliness on the miserable objects met in his pathway on his jaunts. Even before he had renounced the life of ease and wealth which might have been his, or dreamed of his mission in preaching and living a life of poverty, and while his evenings were still being spent in carolling serenades with other young men through the steep streets of Assisi, he began, almost without knowing why, to visit the lepers in their refuges and to care for them in divers ways, not only by giving alms, but also by personal service.

[1] References: *Life of St. Francis,* Paul Sabatier, trans. by Louise Seymour Houghton, Charles Scribner's Sons, New York, 1894; *The Story of Assisi,* Lina Duff Gordon, 1900; *The Little Flowers of St. Francis,* trans. by T. W. Arnold, 1901.

Although they were not the moving cause of the final turning of the vivacious, nature- and music-loving young Italian to a self-denying, religious life, the lepers were closely associated with his hours of spiritual awakening, and were always a special object of his interest and care. Francis was born in 1182, and during his life of forty-four years a genuine revolution in the social status and general conditions of the lepers took place. The secret of the success of this reform must have lain mainly in the fact that Francis and his followers lived with the lepers much as they would have lived with other people—not going into banishment for their sakes or cutting themselves off from the world, but keeping up their work of preaching and teaching, while making their homes with the lepers. Francis himself, immediately after his first farewell to his father's house, betook himself to a leper settlement, where he lived until the plans for his future had gradually shaped themselves; and here his friend Bernardo joined him and shared his little hut. The whole question of the treatment of lepers, says Knox-Little, "was one of the great social difficulties of the time. . . . The leper lost all his rights . . . ; he had no occupation . . . ; he had no civil rights even in making a will or handing on his property. . . ; his acts were void in law. . . . To suffer from this disease was absolute degradation. It is evident that the wisdom of the time, medical and social, was entirely at fault in view

of this tremendous and increasing social evil. . . . St. Francis saw how important it was for mankind that the leper question should be dealt with thoroughly. Men of all ranks entered the Franciscan Order, . . . men of culture, of considerable means, and of noble birth. No matter who they were, he insisted on their dwelling in the leper hospital and attending to the sufferers. It followed that something like improvement in the conditions of the towns was begun, and something like a proper treatment of the disease. From this followed in course of time the complete annihilation of the scourge in Europe, which . . . was really the work of St. Francis."

It was for years the custom of the Brothers Minor to go from lazaretto to lazaretto, spending the nights in the leper colonies and by day preaching in the villages and surrounding towns. An order of brothers called the *Crucigeri* or Cross-bearers had been created in Italy especially to assume charge of the lepers, but they often lost their patience in face of the exactions and ingratitude of their charges. Perhaps it was because they were too closely confined with them, or that they lacked the intense love of all created things that irradiated the heart of Francis. At any rate, they welcomed, as well as they might, the aid of the latter and his friars, and often a Brother of St. Francis was put in charge of a single leper for a long service.[1] The following

[1] Sabatier, *op. cit.*, p. 142.

tale taken from Sabatier well illustrates the nursing side of Francis's mission:

It happened one time that the Brothers were serving the lepers and the sick in a hospital near to the place where St. Francis was. Among them was a leper who was so impatient, so cross-grained, so unendurable, that every one believed him to be possessed by the devil; and rightly enough, for he heaped insults and blows upon those who waited upon him, and, what was worse, he continually insulted and blasphemed the blessed Christ. . . . The Brothers would willingly have endured the insults and abuse which he lavished upon them, in order to augment the merit of their patience, but they could not consent to hear. . . . They therefore resolved to abandon this leper, but not without having told the whole story exactly to St. Francis, who at that time was dwelling not far away.

When they told him, St. Francis betook himself to the wicked leper. "May God give thee peace, my most dear brother," he said to him as he drew near.

"And what peace," asked the leper, "can I receive from God, who has taken away my peace and every good thing, and has made my body a mass of stinking and corruption?"

St. Francis said to him: "My brother, be patient, for God gives us diseases in this world for the salvation of our souls, and when we endure them patiently they are the fountain of great merit to us."

"How can I endure patiently continual pains which torture me day and night? And it is not only my disease that I suffer from, but the friars that you gave

me to wait upon me are unendurable, and do not take care of me as they ought."

Then St. Francis perceived that this leper was possessed by the spirit of evil, and he betook himself to his knees in order to pray for him. Then returning he said to him: "My son, since you are not satisfied with the others, I will wait upon you."

"That is all very well, but what can you do for me more than they?"

"I will do whatever you wish."

"Very well; I wish you to wash me from head to foot, for I smell so badly that I disgust myself."

Then St. Francis made haste to heat some water with many sweet-smelling herbs; next, he took off the leper's clothes and began to bathe him, while a Brother poured out the water."[1]

The story goes on to say that the leper was miraculously healed, but such an event would hardly be necessary to enable us to appreciate what it must have meant for these poor banished sufferers to have the friendly companionship as well as the kindly practical services of these willing followers of the sweet-natured and clear-sighted Francis.

The Sisterhood of the Poor Clarisses was presided over for forty years by Clara, the highborn maiden who, at seventeen, slipped from her father's house at midnight to exchange her festal dress for the brown robe of a nun and to have her

[1] Sabatier, *op. cit.*, p. 142, adds: "All the details of this story lead me to think it refers to Portiuncula and the hospital San Salvatore delle Pareti."

beautiful hair cut on the altar. This order also did some nursing work to help Francis and his Brothers in their mission. The story of Francis and Clara constitutes a veritable poem, impossible of repetition and almost of comprehension in an age other than one of marvellous lives and deeds. No trace of any earthly feeling save ideal friendship seems to have existed between these two, who were friends throughout their lives. Clara, after a short sojourn in a Benedictine convent, went to live with a little community at the church of San Damiano, which Francis had built with his own hands. The Sisters were also vowed to absolute poverty, but the Brothers promised to work or beg for them, to supply their needs, and they in turn undertook to do such services for the Brothers and for the churches as lay within their power. Thus they spent much of their time in weaving the linen altar cloths which the friars gave away to poor churches, and in mending their clothes. Outside of their church were some little mud huts, and here they received and nursed the sick that Francis sent to them, so that finally San Damiano became a sort of hospital, and nursing one of the chief interests of the community. The whole account of the life there is incomparable in its singular simplicity, and perhaps the nursing in the little mud huts was equally unworldly and archaic.

As Francis neared the end of his life we find

a pathetic story of the manner in which he was treated in his last illness, which makes one pity the patients of that day with a deep pity. Physicians are spoken of several times in the life of Francis. "The best doctors for the eyes were at Pieti," and in his last illness several attended him. Sabatier writes: "The doctors, having exhausted the therapeutic arsenal of the time, decided to resort to cauterisation: it was decided to draw a rod of white-hot iron across his forehead. When the poor patient saw them bringing in a brazier and the instruments he had a moment of terror; but immediately recovering himself, 'Brother fire,' he said, 'you are beautiful above all creatures: be favourable to me in this hour.' The experiment was no more successful than the other remedies. In vain they quickened the wound on the forehead by applying plasters, salves, and even by making incisions in it: the only result was to increase the pains of the sufferer." [1] Francis died in 1226, and Clara survived him for some years. After her death the order underwent many variations and modifications. Nursing was not pursued as an interest, but the nuns performed some kind of manual labour daily.[2] In general the order, known at different times and in different countries as the Order of Poor Ladies, Clarisses, Minoresses, and Poor Clares, has been conducted on austere contemplative lines.

[1] Sabatier, *op. cit.*, p. 312.

[2] Tuker and Malleson, *op. cit.*, part iii., p. 150.

One of the creations of Francis which has most widely perpetuated his spirit is the Third Order, or that of the Tertiaries. The Third Order really represented a revival of the early Christian spirit and mode of showing kindness and charity. It was established in order that men and women living in the world, and in family relations, who could not possibly leave their ties and duties for the life of the religious orders, could yet be associated with them in sympathy and good works, but without any bond. Certain of St. Francis's biographers tell us that the idea of the Third Order came suddenly into his mind one day, when, as a result of his preaching, a whole village followed him, and would fain have become his disciples and renounced all to do so. Too full of real wisdom to encourage such a step, he told the people that he would give them an order which they could join while remaining in their places in the world. As time went on, many Tertiaries formed communities, and convents of Tertiaries arose in different countries.

There are now a great many separate foundations of Regular Tertiaries, founded by individuals for various works of charity, among which nursing is always included, and new ones are often formed. They are sometimes called Diocesan Tertiaries, having a simple approbation from the bishop.[1]

The Tertiaries in community lived a religious life and took the three customary vows of poverty,

[1] Tuker and Malleson, *op. cit.*, part iii., p. 153.

chastity, and obedience, but not solemn vows; hence their freedom to devote themselves to all kinds of active work. Other orders did not long delay in adapting this flexible mechanism to their own uses, and there arose Dominican and Augustinian Tertiaries, and much hospital nursing was given over into the hands of the Third Order.

Many famous nursing saints have been enrolled in the Third Order of St. Francis, among them Elizabeth of Hungary, Louis of France, Elizabeth of Portugal, Isabelle of France, Anne of Bohemia, Bridget of Sweden.[1]

Elizabeth of Hungary.—Contemporary with St. Francis was one of the most beloved saints and nurses of the Middle Ages, Elizabeth of Hungary—the Mother of the Poor, *die liebe Frau Elisabeth*—prominent in art, legend, and history as a patron saint of nursing, charity, and the protection of children, the heroine of the story of the miraculous roses and the inspiration for Wagner's exquisite creation of Elizabeth in Tannhäuser. The legend of a star foretelling the time and place of birth has been attached only to the most revered of those who have been the objects of popular affection, and this legend has been told of Elizabeth. She was born in 1207, the daughter of Andreas II., King of Hungary, and was married at fifteen to Ludwig, son of the Landgraf of Thuringia, to whom she had been betrothed in her cradle. She was beautiful, of the dark Hungarian type, frail

[1] Tuker and Malleson, *op. cit.*, part iii., p. 164.

Ancienne hospitalière du Tiers Ordre de S. François
dite de la Celle
Helyot, *Les Ordres Monastiques*, etc.

of physique, but with a rare mind and soul; passionately devoted to poor and humble people, pathetically unselfish and simple, caring nothing for pomp and state, yet able to wear royal robes with a grace that fascinated guests and strangers. Her union with Ludwig was an ideal one. They adored each other, and the young knight alone of his family was made of the fine clay capable of appreciating Elizabeth, for from the others she encountered only coldness and jealousy. From the heights of the Wartburg she loved to go down into Eisenach and visit the villagers, though on her return she had to run the gauntlet of sneers from her high-born companions, who derided her as a "béguine" and lamented that there was so little of the princess about her. It was her custom to go daily wherever there was sickness, to carry supplies, and to nurse the sufferers. New-born babies and their mothers were her great care, and she bathed, dressed, and attended them untiringly. It was on one of these journeys that the incident of the roses is said to have happened. According to some accounts the stern Landgraf, her father-in-law, and to others her cruel brother-in-law, always furious because she spent so much money in charity, stopped her angrily as she came down to the village, and demanded to know what she had under her cloak. But the genuine folk-tale[1] is that her husband himself, as he was

[1] *The Life of St. Elizabeth*, by Montalembert, 1904, has been taken as the leading authority.

returning from the hunt, and knowing well what she had behind her cloak—bread, meat, and wine,—stopped her in an affectionate teasing way and insisted on pulling her cloak open and seeing what she was carrying away. Then, when the armful of red and white roses was disclosed on the midwinter day, taking one reverentially from her he went his way awe-stricken at this proof of his wife's angelic nature. Montalembert, who says that he heard this legend from the peasants of Marburg in 1834, adds that, as they tell it, Ludwig kept the rose all his life. None of her prodigalities disturbed her husband. Even when his mother, in a fury, took him to see the little leper boy, Helias, that Elizabeth had brought into her own room and put to bed, he only smiled. Here legend again symbolises the tale, for the story runs that, when his angry mother, hoping to turn her son against his wife, pulled down the covers, there, instead of the leper boy, was seen the figure of the Crucified One. "Among all the unfortunates who attracted her compassion," says Montalembert, "those who had the largest place in her heart were the lepers."

It was a time when the distress of the poor was arousing all kindly hearts to help. In 1226 came a famine, and Elizabeth with extraordinary energy and executive ability had bread baked and distributed systematically to from 300 to 900 poor daily at the gates of Wartburg. She and her husband both had already built hospitals.

Laurent, photog. Murillo

St. Elizabeth Attending to her Patients
Madrid Academy St. Ferdinand

Ludwig had erected a xenodochium at Mencken, and Elizabeth had built a small hospital, holding twenty-eight patients, on the side of the Wartburg on the road to the castle, and on a site later occupied by a convent. Even the stones of this building are now gone, but the spring of water is still called St. Elizabeth's fountain. She also built two hospices in Eisenach, of which one, St. Ann's hospital for the sick in general, is still in existence. The other, a *heilige Geist Spital*, was for poor women. Elizabeth's whole time and strength were devoted to nursing. Twice a day she went to the hospitals to care for the most wretched patients, bathing them, dressing their wounds, and taking them nourishment; "all," says Montalembert, "with a gaiety and amenity of manner which nothing could disturb." Sick children always attracted her special care and tenderness. She did not forget toys to cheer their spirits, nor fail to play with them for a little while after her work was finished. She herself first became a mother at sixteen, and children are always associated with her in works of commemorative art. She had, in all, four children.

The departure of her husband on one of the crusades and his untimely death in 1227 made an end to the happiness of Elizabeth. Her brothers-in-law, Conrad and Henry, totally out of sympathy with her almsgiving, drove her from her home in the Wartburg. The old pictures in Marburg show her descending the hill in mid-

winter with her little children, and many are the romances told of her humiliation, the ingratitude which she received on all sides and the misery in which she sought shelter from house to house, only to be turned away, and how she was finally given lodging in an outhouse of an old inn-keeper.

The legends were, of course, the delight of narrators, and the more inhuman the insults heaped on her, the greater the contrast with Elizabeth's sweetness of character. But no nurse who has had experience in work among the poor could ever believe that she was thus cruelly turned away in her extremity by all her old patients, although some may have feared to succour her through dread of the wrath of the vindictive brothers. More prosaic chronicles simply say that on leaving the Wartburg Elizabeth went to her aunt, who was Abbess of Kitzingen, and that later her uncle, who was Bishop of Bamberg, built for her the castle of Pottenstein, where, with her court, she lived until her husband's body was brought back from the Orient.

Her husband's knights and companions-at-arms, charged by him to protect Elizabeth, now demanded justice for her, and she was reinstated in the Wartburg, after accompanying Ludwig's corpse to Reinhardsbrunn, where it was buried and where she built a hospital [1] in commemoration of him. In this hospital she received the most

[1] Virchow says Ludwig himself had built this hospital.

especially pitiable cases and devoted herself to the most arduous nursing.[1]

In 1228 she returned to the Wartburg, and, her fortune having been restored to her by the Pope's order, she continued her charitable works. She now, as it is generally supposed, built the hospital of Maria Magdalena at Gotha, which was rebuilt in 1541 by the city government. (Virchow assumes that she and Ludwig together built this hospital in 1223, though he quotes other writers as dating it from 1229.) In 1229, the castle of Marburg with a rental having been settled on her, she went there to live, and built the hospital dedicated to St. Francis in which she ended her days. While it was being finished, her castle being inaccessible and inconvenient, she stayed in the little village of Wehrda; but as soon as it was done she moved into it, and took up the work of nursing there to the exclusion of all else, her own little children having been separated from her by her confessor, a man of peculiarly odious character. There, worn out too early by the vicissitudes of her life, she died at the age of twenty-four, and was buried in the chapel of the hospital. The hospital, though small, was always full, for the fame of Elizabeth had spread far and wide.

[1] *Geschichte des Hospitals S. Elisabeth in Marburg*, C. F. Heusinger; *Schriften der Gesellsch. zur Beförd. der gesämten Naturwissenschaften zu Marburg*, 1872, vol. ix, pp. 69–149.

It stood, when built, almost in primeval forest, but after her death the reports of her saintliness and her cures brought thousands of pilgrims yearly, and the town grew up gradually about the hospital to its present size. The riches brought by the numerous pilgrims made the hospital and its little chapel a valuable property, and after Elizabeth's death there were many claims and counter-claims among her noble relatives for its control. The Johanniter Orden (Knights of St. John) and the Deutsche Orden (Teutonic Knights Hospitallers), which had been founded in the Orient for hospital service, both claimed it. It was finally put in charge of the latter. The Teutonic Knights, by reason of their warlike tendencies, degenerated as a nursing order even more rapidly than the Knights of Malta, and the little hospital passed through a series of vicissitudes until, at the time of the Reformation, the relics of St. Elizabeth were scattered and the control passed into other hands. In 1811 by royal decree the buildings of the then existing hospital were given over to the university.[1] The original hospital of Elizabeth stood by or near the present church of St. Elizabeth in Marburg. Outside of her own work as a nurse, it is supposed that the nursing in the various hospitals founded by Elizabeth was in general carried on by the order of St. Lazarus, which

[1] Heusinger, *op. cit.*

she is said to have introduced into Germany from Hungary.[1]

Lay physicians, Heusinger again reminds us, did not then exist in Christian countries. The professors at the newly established universities of Vienna and Prague were chosen from among the clergy, and medical practice was entirely in the hands of monks and nuns. As there was no way to obtain any scientific study except through theology, there was in Silesia, as elsewhere, no example of an educated physician in secular life. The only seculars were "bonesetters" or surgeons of homely manual skill, with no education.

A mutual regard had existed between Francis of Assisi and Elizabeth, although they never met. Each, however, had heard of the works and goodness of the other, and, to express his sympathy and fellow-feeling for Elizabeth, Francis, having nothing else, sent her his old grey cloak, which she prized highly and loved to wear. Elizabeth herself would fain have been a mendicant, and in 1229 or 1230 she joined the Third Order with solemn vows; being, Helyot tells us, the first Franciscan Tertiary to take vows of this character. The Grauenschwestern or Gray Nuns of the thirteenth century, who were also Tertiaries of St. Francis, were often called Sisters of St. Elizabeth because they had chosen her as their patron saint.

[1] *Zur Geschichte des Aussatzes und der Spitäler besonders in Deutschland.* Virchow, *Archiv. f. path. Anat.* 1860, 2nd art., vol. 18, p. 313.

Elizabeth was related to a notable group of idealists and humanitarians of that time who belonged to the famous family branches of the Counts of Andechs and Meran.

Virchow says of the members of this family, for centuries prominent in the social life of Southern Germany, that their good deeds were innumerable. A strain of noble elevation of mind and spirit distinguished them. The men were of the purest type of chivalry, and not a crusade went forth but included knights of Andechs and Meran, while the women were untiring in hospital and nursing work, and several are now classed among the saints in recognition of their labours of love. One of these women, Hedwig, who married the Duke of Silesia, was Elizabeth's aunt; another was Anna, the daughter-in-law of Hedwig, and another was Agnes of Bohemia, Anna's sister. Hedwig and her husband built a hospital for leper women at Neumarkt in 1234. A hospital founded at Trebnitz at an earlier date (1203) is attributed to Hedwig, and a notable one,—one of the earliest examples in Germany of the afterwards widespread hospitals of the Holy Ghost, founded at Breslau in 1214 for incurables and chronics, the poor, and strangers—to the Duke of Silesia.

Anna built a hospital in memory of Elizabeth in 1253 in Breslau, and Agnes had built St. Peter's hospital in Prague about 1234. An ancient chronicle says of Agnes of Bohemia: "She gladly extended her kindness to those who were ill;

she spread soft beds for them; she carefully removed all that could distress eyes and nose; she prepared food with her own hands, and cooked it that it might be served to taste, with untiring energy, that the sick might be freed from ill, pains diminish, illness yield and health return."

All of these women worked daily and untiringly themselves as nurses in the hospitals, and in the homes of the poor of the cities. The old records speak of Hedwig's "great tenderness," and a miniature shows her dressed in a simple garb suited to hospital work, in the act of performing her various duties. In one, she urges the cause of the poor upon her husband; in another, she presents the poor with a house; she washes and kisses the lepers' feet; she feeds the sick in their beds, gives food to the poor, ministers to a prisoner, gives alms to a pilgrim.[1] (The seven virtues.) A hospital at Kreuzberg, also attributed to one of these good women, that at Neumarkt, and the one in Prague, still remain. The spread of leprosy (which had invaded Europe in the sixth and seventh) in the thirteenth century had been appalling, and corresponding efforts to meet the situation were put forth by all charitable persons. It is estimated by Tollet that there were 19,000 leper hospitals in the thirteenth century. Virchow says that hundreds upon hundreds of hospitals were erected for lepers during the twelfth, thir-

[1] Eckenstein, *op. cit.*, p. 294.

teenth, and fourteenth centuries,[1] and in Germany alone he mentions an extraordinary number by name and gives the dates of their foundations. In Silesia the need was especially urgent, and an enormous number of hospitals was built. Nowhere else, he adds, were the nursing orders more systematically developed and distributed. The nurses for the leper hospitals were supplied almost entirely from the various branches of the order of St. Lazarus. In the hospitals founded by the women of the family of Andechs and Meran a branch of the Lazarus order wearing the cross with a red star was active, and Anna herself nursed in Prague under this emblem. Besides hospital work, visiting nursing was continually practised

[1] An adequate study of the history of lepers would form a book in itself. The treatment of the lepers in the Middle Ages reflects every humane and merciful impulse known to the human heart, and, equally, every possible phase of superstitious error. Beside the social stigma, too well known to dilate upon and still existing, they received at times a certain veneration, as beings on whom God had by direct permission laid a calamity which set them apart; thus Léon Le Grand, in his compilation "Statuts d'Hôtels-Dieu et des Leproseries" alludes to the custom in many leper hospitals of calling the patients "Brother" and "Sister" and appointing a religious rule for them, in the belief that it was the purpose of God to turn them to the religious life: on the other hand they encountered a popular detestation which culminated hideously in a general persecution of lepers in France about 1321, on the accusation that they were about to poison the wells. King Philip issued a proclamation declaring that the land must be cleared of the guilty and superstitious brood of lepers, and many were burned. See *History of Latin Christianity*, H. H. Milman, 1881, Book XII., chap. vi.

The banner of a Flemish lazaretto with the arms of the Gruthuyse family, dating from 1502. From a painted curtain preserved among the Collection of Engravings in the National Library The picture refers to the life of St. Lazarus. In the middle are the Virgin and St. Lazarus, the latter with traces of the sores which the dogs licked. In the top medallion to the left is the rich man driving Lazarus from his door. Opposite, Lazarus is standing at the rich man's door, while a dog licks his sores. Below, the rich man is upon his death-bed, with an evil spirit waiting to carry off his soul. Upon the opposite side, Lazarus is lying dead upon the bare ground, but a dove is bearing his soul to heaven. The donors of the banner are kneeling before the Virgin and St. Lazarus. The clapper (which was used to announce the approach of the lepers) is depicted eight times in the border.

Military and Religious Life in the Middle Ages and at the Period of the Renaissance, by Paul Lacroix. Pub. by Bickers & Son, London

by these now sainted nurses. They paid great attention to the care of obstetrical patients in their homes, and combined in themselves all the functions of the physician, the relief agency, and the nurse.

St. Catherine.—It was a unique characteristic of the nursing of mediæval times that it often formed a background, as it were, in the lives of men and women who in the foreground played most dramatic and extraordinary parts upon life's stage. Of no one is this more strikingly true than of Catherine Benincasa of Siena, born in 1347 A.D., the daughter of humble, respectable, and prosaic Italian parents. How these good plodding folk came to have a daughter of such a highly-wrought psychical nature was a puzzle to themselves, which they finally accounted for, as did others, by revering her as a saint. Catherine early showed an intense asceticism (the accounts of which, however, are probably exaggerated) and an amazing mental gamut of mysticism and ecstasy, associated, however, at times with sound common-sense and a keen perception. Add to this a passion for serving humanity and a truly astonishing energy and nervous force in work, and it is not hard to understand the reverence in which she was held in that vividly picturesque and highly credulous age. Catherine lived only thirty-four years, but in that time she was hospital nurse, prophetess, preacher, and reformer of society and of the Church. Yet with it all, she was ever

the daughter of the house, ready to sweep and clean and do the humblest household tasks. The house in which Catherine lived is still standing, in good repair, at the end of the narrow Sienese street, and her little cell-like bedroom with her stone pillow on the floor is visited daily by curious and sympathetic travellers. Beside the stone pillow stands the little lamp which she carried with her on her nightly visits to the hospital, La Scala. It is quite a walk from the house to the hospital, and Catherine was a young girl when she first began going there morning and evening to bathe and dress the old leper woman Lecca, the grumbling and ungrateful one whose condition was so dreadful that it sickened every one else, and Andrea, one of the old Sisters of Penance, dying of cancer and so disagreeable that no one else could endure her. The latter calumniated even the gentle nurse who waited upon her, so that the mother of Catherine would fain have stopped her daughter's visits to the hospital. In 1372, when the plague was epidemic in Siena for more than a year, Catherine rarely went home, but walked night and day in the wards, only resting for a few hours now and then in an adjacent house. But few details, however, of her nursing work are left, probably because the distinguished political part which she played overshadowed her supposedly more humble tasks.

To-day one could hardly imagine a nurse turning from hospital work to admonish the Pope himself,

but such was Catherine's prerogative. The Florentines, always in a turmoil, and having now quarrelled with and having been excommunicated by the Pope, turned to Catherine as a peacemaker because of the fame of her extraordinary sanctity. The Pope had fled to Avignon, and Catherine, accepting the mission of the Florentines, went there and was received with honour and reverence by the whole papal court. No matter how her mental supremacy is to be explained, it is surely an impressive sight to see this fearless woman, exalted with the belief in the truth of her message, standing before the Pope and his staff with advice, warning, and denunciation. Her mind dominated the situation. Not only did the Pope constitute her his arbitress with the Florentines, but following her counsel he returned to Rome, whither she accompanied him, partly to protect him by her prestige, partly to keep up his own uncertain courage. Catherine's numerous letters to personages high in state and church are still extant,[1] and constitute a notable study in psychology. Though much in them is displeasing to the modern mind, they should always be taken in connection with her actual life of unselfish practical service. It is, perhaps, hardly to be wondered at, that a celebrated physician of her day, Gutalebracia, disbelieved in her visions and prophecies, and in an interview tried to confute her. According

[1] *St. Catherine of Siena as Seen in her Letters*, Vida D. Scudder, 1905.

to her biographers, Catherine on this occasion defeated the sceptic by taking her stand on the plain, practical ground of the Golden Rule and refusing to be led into any subtleties or mysticisms.

Early in life Catherine had joined the Tertiaries of St. Dominic, an order founded in imitation of St. Francis's Tertiaries. She died in 1380 A.D. Like all other great saints Catherine has been a favourite subject for painters. She is often pictured in the act of expelling demons (a favourite symbolism for nursing and medical saints) or in an ecstatic state, with her emblems, the lily, the thorn, or a book.

Old Cloister in Ravenna, now the Ospedale Civile

CHAPTER VI

HOSPITAL AND NURSING APPLIANCES

HOSPITALS and nursing are so intimately connected that it is impossible to study one without the other. But from the very universality of nursing, it is practically impossible to do more than present important epochs or phases, lightened by a fringe of personal detail; and similarly the extent of hospital history forbids more than passing glimpses into romantic legends or special features of a few among the endless array of picturesque mediæval foundations.

The most ancient hospitals in towns or villages, says Tollet, were, with some few exceptions, small, holding only from six or seven to fifty patients; while those in large cities provided for, at the most, from three to four hundred.

Many of the famous hospitals still in existence had a very humble origin in some small almshouse, home, or cloister. Not until the twelfth century did hospital buildings begin to be planned on anything approaching to the huge scale familiar to-day.

The three most ancient of the still great and

celebrated hospital foundations are those of the Hôtel-Dieu in Lyons, the Hôtel-Dieu of Paris, and the Santo Spirito in Rome. The stories of the two former include important leaves in nursing history and will be related separately, for the tales of these venerable homes of nursing sisterhoods form a chapter in themselves.

A once famous hospital now devoted to other purposes was founded in 580 A.D. by bishop Masona in what is now called Merida in Spain. A description of it by a deacon named Paul is still extant. Paul has at first related the good deeds of Masona in building monasteries, and then he continues: "Afterwards he built a hospital for strangers, endowed it richly, and charged the doctors and attendants to care for the needs of the sick and the strangers with devoted zeal. He directed that the doctors should continually go on tours of investigation in the remotest quarters of the city, and bring in their arms to the hospital any one, whether bond or free, Christian or Jew, whom they found to be ill. Such patients were to be put immediately on litters or beds prepared in a suitable manner, and delicate and nourishing food was to be given them until the time when, God willing, they were restored to health. And no matter in what abundance supplies were brought in to the hospital from its farms, still they seemed to this good man only half enough, and adding to these good deeds even greater ones, he instructed the doctors to set aside half of every donation—

every bequest made to the shrines and churches, —and to bestow it on the sick." [1] In commenting on the use of the word "doctor" in this quotation from Paul the deacon, Haeser remarks that the terms "servitors," "doctors," and "priests" were evidently used synonymously for one and the same men, whose duties were in all probability similar to those of the parabolani.[2]

The Santo Spirito in Rome, now standing on the bank of the Tiber, dates its existence from Ina, king of the western Saxons, who after his abdication lived in Rome, and founded about 717 A.D. a church with a small guest-house for pilgrims of his own nationality. It was dedicated to Mary, and the Saxon relationship is commemorated in its full title "Santa Maria in Sassia" (Saxony). King Offa of Mercia enlarged the guest-house in 794, and the income to support it and to provide care for the sick was derived from certain properties in Britain.[3] Twice, in 817 and 847, it was burned down and rebuilt. In 1077 it was devastated by Henri IV. and in 1162 by Frederick Barbarossa. In 1198 it was rebuilt by Innocent III., on a form and plan which constituted the beginning of its modern history.

[1] *Ein Beitrag zur ältesten Geschichte der Krankenhäuser im Occidente.* C. F. Heusinger in *Janus; Zeitschrift der Gesch. der Medizin,* Breslau, 1846, pp. 772–773.

[2] *Op. cit.*, pp. 38–40.

[3] *Der Hospitaliter Orden vom heiligen Geist.* Virchow, *Ges. Abhandl. aus dem Gebiete der öffentliche Medizin,* Berlin, part II., 1879, p. 27.

It is usually cited as the earliest instance of a hospital in the modern sense; that is to say, among those now existing it was the first to emerge definitely from the xenodochium or almshouse pattern to the specialty of receiving only the sick. Yet even this statement requires some modification, for the Santo Spirito held from Innocent a special commission to care for abandoned infants. Haeser dates the history of modern hospitals from the time of this rebuilding of Santo Spirito.[1] Between 1471 and 1484 Sixtus IV. again rebuilt it, as it was falling to pieces, and, except for certain interior improvements and embellishments, it has stood from that day to this unaltered.

A collection of exquisite old engravings, dating from the fifteenth century and unearthed from the archives of the hospital at Dijon,[2] tells the story of the hospital's foundation with all the childlike simplicity of legend based on the tragedies of daily life. It is said that Innocent was impelled to the establishment of the hospital by seeing, one day, the corpse of an infant dragged up from the Tiber in a fisherman's net, and the various details of this story are pictured in the engravings. Thus in one scene three guilty young

[1] *Op. cit.*, p. 24.

[2] *Histoire de la Fondation des hôpitaux du Saint Esprit de Rome et de Dijon*, M. G. Peignot, 1833. To be seen in the Surgeon-General's Library, Washington. From this the material for the text has chiefly been taken.

Architectural Detail
From the Ospedale Maggiore in Milan

women are shown, standing upon the bridge, with Rome's seven hills and many towers in the background. They are casting their swaddled bambinos into the stream. As a matter of history, infanticide was at that time horribly frequent, though some people like to believe that it has been a custom restricted to "the heathen."

In the next picture we see the Pope, who is in bed, ill. In the foreground two physicians seated on low stools are consulting, while in the background a third, wearing a large cap and ermine cape, is examining a specimen in a glass jar. Hovering near the bed is an angel, who whispers the story of the drowned babes in the Pope's ear, and bids him order the Tiber to be dragged. The next picture shows the Pope relating his vision to the cardinals, who give the order, and in the background a serving woman is despatching two fishermen, who start off with alacrity.

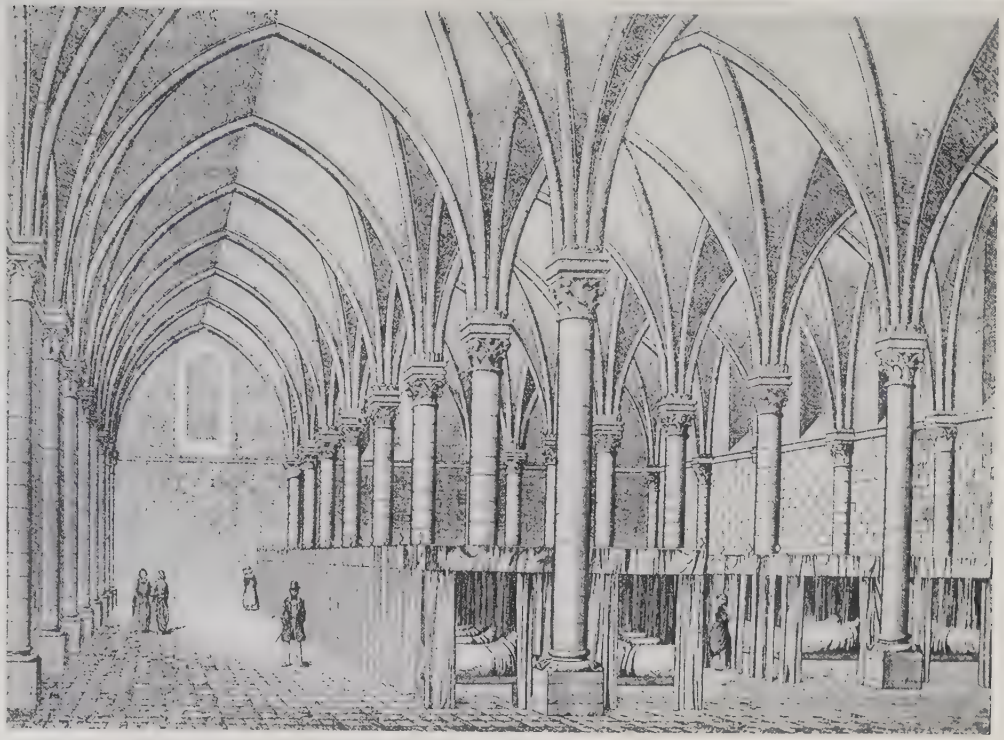
Then the fishermen are seen dragging their nets and bringing them up weighted with pitiful little corpses. They bring them in and display them before the eyes of the horrified Pope.

An angel now brings the Pope a revelation showing where the hospital is to stand, and gives him a miraculous sign by which he will know the spot. The stately cavalcade goes forth across the bridge, the Pope riding a donkey, which kneels down when the chosen spot, the site of the guest-house of Ina, is reached. The buildings arise as if by magic, and again the angel brings a revela-

tion of the insignia for the nursing order. The nursing was entrusted to the Brothers of the Holy Spirit, and in the last engraving the Pope distributes the blue habit with the cross to the kneeling Brothers.

A second set of engravings shows the equally miraculous origin of the Hospital of St. Esprit at Dijon, actually founded by the Duke of Bourgogne in 1204, for this charitable duke, having visited the Santo Spirito at Rome, was filled with great zeal for a similar institution. Again the spirited drawings tell the story and show the duke being taken by the Pope to visit the Santo Spirito in Rome. They make the round of the wards where the patients are lying in their beds. The duke receives the papal permit, returns and confers with his architects, bestows the vestments on his monks of the nursing order, and triumphantly visits the completed and occupied hospital with his duchess. Incidentally, the glimpses of the wards are the prettiest possible.

These historic hospitals had architecturally the style of the palaces of that day, still seen in many palaces and reproduced in many hospitals now in existence, namely, the long, solid, two-or-three-story barracks built around open courts or squares, and capable, owing to their peculiar construction, of almost indefinite extension. Striking examples of this style are represented by the great general hospitals of Milan and of Vienna, the former, a most exquisite example of



Hôtel-Dieu of Antwerp
From *Les Edifices Hospitaliers*, C. Tollet, 1892

Renaissance art, being a very beautiful, and the latter a very ugly specimen. As a hospital plan this copy of mediæval palaces is now, on sanitary grounds, of course, considered altogether bad. Mediæval hospitals naturally shared in the architectural variations of age and country. French hospitals built at the end of the twelfth century were sumptuous and magnificent specimens of Gothic art, looking like cathedrals, and with wards suggesting glorious abbeys or church aisles, while vast and luxurious gardens often surrounded them, as at the abbey hospital at Laon. A German historian describes a typical mediæval hospital as follows:

Walled off from the outer world, with artistically wrought gates and magnificent towers, the mediæval hospital is erected in surroundings of garden and terrace. It often resembles a fortified section of a city, enclosing a church and palatial buildings, with many courts opening one from another. The courts are planted with shady trees and shrubbery. Fountains rise flashing from the midst of carved bowls and shells. Round about stretch the well-furnished corridors, colonnades supporting the upper floors; under these protecting roofs the sick wander on pavements of many-coloured marbles. Corridors, staircases, and the great reception room are ornamented with life-size paintings and marble statues, in honour of the benefactor of the place. Or here and there are paintings showing the consolations of religion: The Raising of Lazarus; the Good Samaritan; the Arising of the Daughter of Jairus; Healing of the

Lepers; the Resurrection. In the high-ceilinged wards, whose walls are stately with their glazed tiling, stand at one end the Altar and the Cross. At the opposite end is a chimney; here and there are marble carvings. The beds are hung with curtains; between each two, sunk in the wall, is a marble wash-basin. Above the whole hospital towers the church building with a cross shining from its spire. Decorated with Doric or Roman columns, the portal allows visions of the interior with its multi-coloured twilight. Rich in marbles, sculpture, and painting, splendid with blooming flowers and candle-light, stands the High Altar. Solemn and festal sound the periodical clang of bells, the roll of the organ, the melodies of mass and hymn in the quiet wards, and remind the suffering ones of the prayers of the church for the healing of mind or body.[1]

Italy kept the palatial style, or established hospitals in cool, lofty-ceilinged cloisters surrounding luxurious gardens,—well adapted to a hot climate. In Spain later there were fine examples of Spanish Renaissance, such as the Santa Cruz of Toledo, now a military school. The free cities of Flanders and North Germany had in the thirteenth century very beautiful hospital buildings, while in South Germany the ancient hospital at Rothenburg, though of early origin, affords another example of how much beauty and picturesqueness could be lavished on

[1] *Allgem. Umrisse der Culturgeschichtlichen Entwickelung des Hospitalwesens und der Krankenpflege.* Maximilian Schmidt, Gotha, 1870, pp. 15–17.

Court of the Hospital of St. John of God, Granada

Montanya, for *A History of Nursing*

a hospital and its appendages. As to works of art found in old hospitals, they are innumerable. Among the specimens of cloister hospital the stately Ospedale Civile in Venice, 600 years ago a Dominican monastery, is one of the most imposing and beautiful, while more picturesque and characteristic monastery hospitals than those of Naples could hardly be found. The Ospedale Maggiore of Milan, just mentioned, in its present form dates only from 1448, though Milan had xenodochia in the fourth century, and a hospital for foundlings in the eighth. The Ospedale was originally a ducal palace and, with the permission of the Pope, was turned into a hospital by Francesco Sforza and his wife Bianca. It is supposed that a number of the small establishments were then merged into the general hospital. The city of Florence is full of old hospitals of artistic and historic interest. Santa Maria Nuova, externally of great architectural beauty, was founded in 1287 by the father of Dante's Beatrice, Folco de' Portinari. It was originally a dwelling-house holding twelve beds and the piety of his servant old Mona Tessa, who spent her days in nursing, gave, it is supposed, the impulse to Portinari. The hospital where Romola went to nurse her patients is still in existence, but is no longer a hospital. It is now the Accademia dei Belli Arti, and contains interesting pictures of early hospital life, among others showing the medical saints, Cosmos and Damian, setting a broken leg.

Santa Maria was described in 1348 as being "full of sick, both men and women, who are nursed with much care," and a century later high praise is again recorded of it, although it often happened that two or three persons had to be put in one bed. Nevertheless, the beds were kept white and clean, the food and medicines were adapted to every case, and "watchers of the sick" were ready to minister to every want. The management was considered so admirable that the Pope and the English king asked for copies of the regulations. In 1650 single iron beds were introduced, to the wonder and admiration of the citizens. It is typical of the general deterioration of the eighteenth century (to which we will revert later) that in 1742 the condition of this interesting old hospital was described as being horrible, the food bad and insufficient, and the medical attendance wretched, while corpses were buried in the central courts, causing "pestilential" exhalations.[1] In Florence also is to be seen the most unique and interesting foundling asylum in the world, the Ospedale Santa Maria degli Innocenti. In its early history, one learns of the pitiful fate of abandoned children, who, in the dim centuries of the beginning of our era, became the property of the finders, were regarded as slaves, and could be sold or hired at will by their masters.

To substitute a merciful for a merciless owner-

[1] *Old Florence and Modern Tuscany*, by Janet Ross, 1904, pp. 60–65.

Entrance to the Heilige-Geist Spital at Rothenburg on the Tauber. The hospital was enclosed by the city walls in 1280

ship was the impulse that caused a good monk of Milan to found there, in 787, the foundling asylum which later gave the example to Florence. The Innocenti was built under the patronage of the guild of silk merchants in the early part of the fifteenth century, being completed in 1451, and is a model of lovely architecture, decorated with fine paintings and adorned with the well-known Luca della Robbia medallions. The little foundlings were "given their freedom" at the age of seven; that is, they were never to become slaves. They were placed about with families who promised to treat them as their own children, taught trades, the girls dowried, when married, by the hospital, or the foster-parents, or else finally placed in convents.

Cow's milk was used to nourish the foundlings for the first time in 1577, some travelled duke having reported seeing in Spain the wonderful sight of a cow whose milk was given to children. To-day this richly historic house is in the charge of the Sisters of St. Vincent de Paul, under the direction of a highly scientific and progressive council chiefly consisting of medical men, and is one of the most perfectly kept and well-managed institutions of the kind in existence, its union of mediæval charm with modern science being a congenial and happy one.

The old hospital of Santa Maria della Scala in Siena, with its thousand years and more of history, is second to none in interest. It was founded

in the ninth century by Soror (born 832, died 898), a man of humble position, who after the manner of the early Christians was wont to take pilgrims and needy persons into his own frugal home for hospitality. The gifts of gratitude and recognition that came to him enabled him finally to build a hospital on the present site opposite the Duomo. Part of the new structure was composed of marble taken from the steps of an ancient temple of Minerva which had stood on the same site, and from this it took the name "della Scala." The hospital received foundlings, reared, dowered, and married them. It also entertained strangers, gave alms to the poor, and nursed the sick. The order of nursing Brothers that Soror established here was, it is said, the earliest order of hospital Brothers under a regular rule.[1] Beside the Brothers, an order of Sisters was, of course, established for the care of women and children.[2] In time the hospital became very wealthy, and on account of its good management many others affiliated with it. From the time of the completion of the Duomo, the hospital nurses were canons of the cathedral. The names of St. Catherine and San Bernardino, both of whom nursed here, add to its fame. Catherine's work has been mentioned. San Bernardino's greatest nursing work was done here during the plague of 1400. He is represented in paintings as

[1] *Wetzer u. Welte, Kirchenlexikon*, art., "Hospital."
[2] Haeser, *op. cit.*, p. 28.

restoring the blind to sight, doubtless commemorating his actual services in saving the eyesight of patients afflicted with purulent disorders. The large hall of Santa Maria is adorned with wonderful frescoes, depicting the nursing duties of the Brothers, and the dowering of the foundlings. Another Italian hospital established by pious men was that of Santa Maria Annunziata in Naples, which was built in 1304 by two brothers, Nicolas and Giacomo Scondito.

Every traveller who has crossed a mountain pass into Italy and has been refreshed by the monks of a hospice will realise what, to lonely pedestrians centuries ago, must have been the shelters which were erected in snowy passes and wild places along the footpaths of the traveller to offer him hospitality, warmth, and food. One of the most famous of these hospices was that founded by the Vicomte of Flanders at Albrac or Aubrac, France, on a snow-covered pass, in gratitude for his escape from robbers. Its residents included priests; twelve knights-at-arms to escort and protect the pilgrims, one to go before and chase away robbers; clerical and lay Brothers to serve the hospice, one to wait on the poor, servants and farm hands, and five Sisters of quality with maids to show hospitality to women travellers.[1] In the twelfth century there were numerous communities of this character, some of the oldest being at Cologne, Mainz, St. Goar,

[1] *L'ancien hôpital d'Aubrac* par l'Abbé Bousquet, Montpellier, 1841.

Nürnberg, and Würzburg. In the twelfth century, too, in the cities, every institution had its crêche, so named from the French, who from the fifth century put out cradles at the doors of hospitals and churches to receive the foundlings.

But not alone could Christian lands boast of numerous and beautiful hospitals in the early centuries of our era. The Saracens possessed hospitals as beautiful, and, for a time, far surpassing those of Europe in medical science and as schools of learning. Heusinger mentions records of hospitals and xenodochia in Cashmir about the time of Christ, and says that these were named after the royal charitable women who endowed them.[1] Macrizi mentions an Arabian hospital founded by one of the caliphs in Cairo as early as 707 A.D., where lepers were isolated and the blind cared for; and again one built by another caliph in 854-855.[2] Only freemen and civilians were treated in this hospital. No slaves or soldiers were received. On entrance the patients' clothing and money were taken from them and kept until their departure, the hospital providing their garments.

According to medical historians, the opposition of the clergy to the study of natural sciences lay at the root of a "brilliant and romantic pil-

[1] *Das Alter der Hospitäler in Cashmir. Janus*, Breslau, 1847, II., pp. 393–394.

[2] *Beschreibung der Hospitäler in El Cahira. Janus*, 1846, I., pp. 28, 39. Translated by Wüstenfeld.

Alinari, photog.

The Care of the Sick
A fresco in Santa Maria della Scala, Siena

grimage" made by the scientific medical spirit to the East, from which it returned with the Saracenic invasion by way of Spain. The story is delightfully told by Dr. Fossel,[1] who goes back to the heresy of the Nestorians and their wanderings early in the fifth century into Persia, India, and China, where they carried a spirit of inquiry and investigation:

> Welcomed in Mesopotamia, Syria, and Persia, they carried with them the science of Greece and founded centres of learning in which Christians, Jews, and pagans alike shared. Medicine became the first study in importance, and Greek science now came in contact with the rich experience of the physicians of India. There were medical schools with hospitals for study and practical experience in many places, that of Dschondisapor (a modern province of Persia) being the most famous.

The Arabs carried hence the sacred embers of learning, and took them into all the lands they conquered, endowing old hospitals and building new ones. One of these famous hospitals was built by the mother of a caliph in 981. It had twenty-four physicians appointed to it, and abundant service of nurses or "bed-makers," and attendants. The patients were received in special wards or divisions according to their maladies.

But the most magnificent of the many Moham-

[1] *Öffentliche Krankenpflege im Mittelalter*, Dr. Victor Fossel, *Mitth. der Ver. der Ärzte in Steiermark, 37 Jahrgang;* no. 3, pp. 37, 58.

medan hospitals was in Cairo, built in 1283 by the Sultan El Mansur Gilavun. It was endowed by him for "the great and the lowly; for free and for slaves; for men and women." There were separate wards for fevers, alternating with open courts and large shady gardens; wards for surgical cases, for eye troubles, for the insane, and for convalescents. Every ward had a spring of water running through it to keep the air cool. There were large halls for clinics and lectures, where the physicians taught their classes, and special rooms for the preparation of drugs and remedies, and for all kinds of supplies. The nursing was done by "bed-makers"—men and women—and not only were patients treated in the hospital, but free medical and nursing care, with medicines and nourishment, were also supplied to the poor of the city in their homes, and discharged patients were given a gold piece, that they need not return at once to work. This famous hospital is mentioned by many writers. Another very fine one was at Damascus. It was said that no one was refused in these hospitals and that the time of stay was most hospitably extended. A story runs that a Persian gentleman, visiting Damascus and seeing the hospital, concluded he would enjoy staying there for a while; so pretending to be ill he was admitted. The physician, recognising his case, ordered him any diet he liked, and for three days he lived on the fat of the land. Then the physician wrote

him a "prescription" in which it was intimated that visitors should not stay more than three days, and he was discharged cured.[1]

In all large cities, such as Alexandria, Damascus, Bagdad, Merv, Ispahan, and others where Arabian culture was supreme, splendid hospitals were erected with schools for the practical teaching of medical students. The Arabs also founded many institutions in Spain. Cordova alone, in its glorious prime, had fifteen hospitals. The fame of these medical schools drew patients and students alike from every land in Europe, and when finally with the fall of the Saracenic power fell also these centres of culture and of medical study, "the torch of knowledge, which they had kept burning for centuries, was passed on from the hands of the Mohammedans to illuminate the foundation-laying of the medical schools next to be built by Western nations." [2]

Closely associated with the development of medical science in Central Europe was the famous old hospital of St. Barbara, in Strassburg, in the twelfth century, which later was united with a second, called the Hospital of the Poor Strangers and now known as the Bürgerspital.[3]

It is not to be supposed, however, that hospitals in general shared the sanitary and luxurious features of those of special fame. Although the

[1] Withington, *Hist. Med.*, p. 165.
[2] Fossel, *op. cit.*
[3] Virchow, *Geschichte des Aussatzes u der Spitäler*, p. 313.

wards built in wealthy abbeys and surrounded by gardens were models of comfort and cleanly propriety, many of the poorer hospitals in the towns were crowded and unwholesome, as may be judged to-day by the relics of the thirteenth and fourteenth centuries in small towns which have undergone but little transformation. Even before the growing hospitals attained their later vast size the dangers and unsanitary conditions resulting from the crowding together of so many patients were recognised and emphasised by the nurses of the Middle Ages. In 1250 the Master and Brothers of the Augustinian nursing order in the Katherine hospital at Regensburg issued a report in which they complained that their narrow quarters were not only not sufficient for the reception of the needy sick, but that they became infected, and that as a consequence the patients were exposed to contagion and died before their time, on account of the poor construction, the foul air, the poisonous exhalations and contagions of the too closely crowded sick.[1]

The gradual evolution of the appliances and conveniences which count for so much in the care of the sick has been traced by Dr. Paul Jacobsohn in his very interesting series of papers on the history of nursing appliances,[2] and in a large

[1] Schäfer, *op. cit.*, ii., 135.

[2] *Beiträge zur Geschichte des Krankencomforts. Deutsche Krankenpflege Zeitung*, 1898. In four parts beginning pp. 141; 153; 170; 255.

and exhaustive treatise, in which he describes the various phases of the sick-room idea in all ages. While certain necessary appliances, such as enema bulbs and catheters, night lamps, basins, bowls, and vessels of various kinds have been made and used from the most remote antiquity, yet on the whole, up to the eighteenth century, articles and conveniences used for the sick had been almost entirely such as were capable of being adapted to that purpose from the conveniences or utensils of the healthy. They had all been adapted to the use of the sick, and belonged almost entirely to what he calls "improvised technique." Thus, in the mediæval hospitals the comforts and furnishings used for the sick were the same as those in ordinary use. The eighteenth century saw a general deterioration in nursing and hospital organisation, and, naturally, the surroundings of the sick were also changed for the worse. The large, airy halls, the cool springs and fountains, and the sweet green gardens of the mediæval hospitals of France, Spain, and the East now gave place to the small dark wards of the city and state institutions of the eighteenth century. One author mentions the clumsy wooden beds with their thin curtains; the heavy wooden shutters to keep out the sun; the wooden floors sprinkled with vinegar and water to lay the dust and cool the air. Much esteemed were all kinds of smokings and burnings to purify the air: orange and lemon peel, dried apples, sugar, and various

pungent drugs and woods. Spirits of lavender were also used, mixed with vinegar and shaken on a hot shovel, or rosewater with vinegar and lemon peel heated in a pan over hot coals or an alcohol flame. The causes of bad air are only too plainly shown in the absence of ventilation and in a primitive system of dealing with utensils; and Dr. May, who was very enlightened, recommended the use of a thermometer, and also advised that all utensils after being used should be carried at once out of the ward. Articles made of rubber were then unknown. Draw-sheets, pillows, and rings were covered with leather (as they had probably been throughout the whole Middle Ages); the two latter being stuffed with moss, horse-hair, or feathers. Such a thing as an irrigator was not in existence. For cold feet there were the stone jugs filled with hot water in place of the long-handled brass bed-warmer, filled with live coals, of the Middle Ages. As to poultices, their variety was nothing less than astonishing.

Dr. Pfähler's book, written twenty-five years after Dr. May's, shows a great advance in comforts and conveniences for the sick room.[1] Drinking cups in his day were made of porcelain or glass instead of tin, and silver or ivory spoons replaced those of tin or pewter. Urine-receivers were made of glass and cleansed with ashes and salt.

[1] According to Dr. Jacobsohn, Dr. Pfähler utilised French sources for his book. See page 534, Vol. I.

Now appeared the first invented modification of the bed—a jointed arrangement like a steamer chair being devised, with a reading desk to be attached to it. About this time too the use of hair mattresses became known; air-cushions came into use, and an oiled cloth for draw-sheets was manufactured; bed curtains were made of green instead of figured chintz. Dr. Pfähler recommends green branches, and crushed ice in bowls to freshen the air, and water poured from one pitcher into another to induce sleep by its soothing sound. He would have the patients washed before eating, and describes the feeding cup and long tube. He also gives better directions for treating bedsores, and orders cushions covered with deer skin and soft cloths. The old fashion of enclosing the beds with curtains or alcoves was thought to give the patient an agreeable privacy, and this was an advantage—outweighed, however, by the bad air of the enclosed space. In 1777 portable bed-screens were invented by Le Roy, but they were clumsy, and it was considered so impracticable to carry them about that they were not used. As, however, the alcoves remained, advanced writers, unable to endure the bad ventilation of the wards, advocated a single room for every patient. In the old Munich hospital the alcoves were finally removed as late as in 1832, partly to get rid of bedbugs and partly because they did not permit of clinical teaching. In 1774 Anton Petit, of Paris, wrote a book on

the best methods of hospital construction. Dr. Anselm Martin's book written in 1832[1] gives excellent directions for the personal care of the patient—"his nightcap not too tight; neckerchief dry and warm; cleanliness of body, the patient to be washed and combed; his eyes, nose, and tongue carefully cleansed." To avoid mistakes with drugs external and internal powders were to be put up in papers of different colours. This use of colours is seen to-day in the Italian hospitals, where wrappers of many colours are used for powders, each having its significance. Medicine droppers did not exist at that time and the directions given for dropping accurately from the bottle are astonishingly minute and lengthy. Bladders filled with cracked ice or snow are now mentioned, and many different kinds of baths. To bathe the eyes, the patient must sit up, holding a basin, in the centre of which is a glass filled to overflowing with the appropriate solution. The patient leans over and holds his eye in the glass, opening and shutting it that the fluid may bathe the eyeball.

In the Charité of Berlin, in 1832, central heating was coming into vogue and corridors and bath-rooms were warmed. Many points of hospital construction were now better, notably the windows and shades. For night duty, large lamps were not recommended, and a little wax light floating

[1] *Die Kunst, den Kranken zu pflegen*, Munich, 1832.

in a basin of water was invented. Meals were served with more daintiness. A napkin or towel was to be spread on the patient's bed and over this a tray. For bed patients to eat their meals from a table beside the bed was found most inconvenient. Underclothes were not to be worn in bed, and separate sleeves, tied on at the shoulder with tapes, were recommended for certain cases. Iron bedsteads now appeared, but they were not liked. True, they were at first very clumsy and unwieldy, and were only tolerated because less likely to harbour vermin. Dr. Dieffenbach described scathingly the rubbish and trash that careless nurses allowed to accumulate on the old-fashioned beds with their testers—"old shoes, apples, soap, spiders, mice nests and bedbugs; while the worm-eaten wood harbours ticks. Under the beds are coals, potatoes," etc.

Air cushions and rings were invented about 1830, but the patients did not like them as well as the old spinal rings filled with horse-hair (no doubt because they were distended too tightly). About this time, too, tin or lead cans of different shapes were made as bed-warmers. After this period, says Jacobsohn, a reactionary stage of dulness again fell upon hospital construction and fittings. The physicians, absorbed in purely scientific work, ignored alike nursing and hospital appliances, and no further advance was made until the influence of Kaiserswerth and the work and writings of Miss Nightingale made themselves

felt, when hospitals rapidly assumed a cheerful and comfortable character, which the English hospitals pre-eminently have always displayed. The discovery of the germ theory brought the attention of medical men to the interior of hospitals, and two pronounced results followed: first, everything septic was banished, and secondly, a conscious effort was made to furnish aseptic articles specially adapted for the use and convenience of the sick. The extreme cult of asepsis for a time brought back the bare and cold appearance of hospital wards, and in quite modern times it has been largely due to the efforts of Prof. C. V. Leyden and M. Mendelssohn in 1890 that the conception of the therapeutic value of cheerful and agreeable interiors of wards has been disseminated in Germany and the countries which look to Germany for teaching. As a result this hitherto neglected branch of treatment is being considered seriously to-day, with the result that hospital wards, while still aseptic, are becoming more attractive and pleasant to the occupants.[1]

[1] Transcribed from Jacobsohn, *op. cit.*

CHAPTER VII

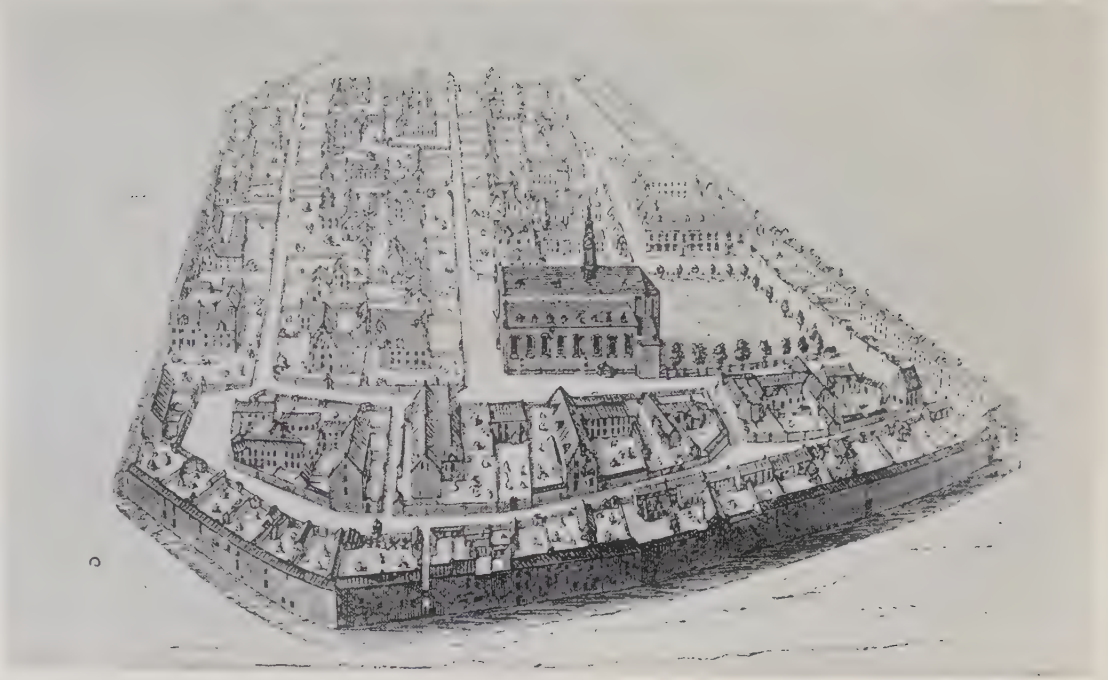
RISE OF THE SECULAR ORDERS: THE BÉGUINES. SANTO SPIRITO. OBLATES OF FLORENCE

THE Benedictine monasteries, having reached the height of their vigour and influence some five hundred years after their foundation, entered upon a long, slow period of decadence, which, while retarded here and there by favourable circumstances, was generally marked by formalism, loss of primitive zeal, and even, in some places, by the lapse of moral standards. In so far, at least, as the nursing orders are concerned, a new kind of monasticism sprang into being toward the twelfth century, which has been called the golden age of monasticism, as it was also the golden age of chivalry. The twelfth and thirteenth centuries were marked by an irrepressible energy that found expression in voluntary association outside of the older and more stereotyped church orders. Of such free and spontaneous character were some of the most notable and successful nursing associations, for in that brilliant, chivalric, devout, but often cruel and superstitious age, nursing continued to present itself as a form of service ap-

pealing most readily to the imagination and heart. Tuker and Malleson speak of the "moral miracle" that "took place in the uprising of women all over the world, forming themselves, at their own initiative, into congregations of workers—the 'active orders.'"[1] By far the greatest number of nursing orders from now on arose not within, but without the Church, as lay or secular societies. It is true that, in comparison with what are now called secular associations, these mediæval ones would seem to us even in their freest initial stages as strictly, even severely churchly, so wholly was religious ceremonial and observance a part of daily life. But to be "religious" then meant to take solemn or perpetual vows, and the secular orders limited themselves to obligations of chastity, obedience, and sometimes of poverty, while even these vows were not perpetual. As time went on, however, all these orders in turn came more or less under the control of the clergy. Haeser says:[2]

We see these pious nursing orders originally develop entirely independently of the Church. Most fully is this the case when they are connected with institutions of ecular origin. But none of these associations escapes, in its final development, the influence of the Church, under which (as is most frequently the case) they either willingly place themselves, or by which, if they show signs of resistance, they are of purpose

[1] Vol. iii., p. 250.
[2] *Op. cit.*, p. 37.



The great Béguine Convent at Ghent, called the Convent of St. Elizabeth, founded in the twelfth century, and which now occupies the same site as in 1234, when the Countess Jane gave a code of rules to the community.
General view taken from *The Ghent Churches*, by Baron Kervyn de Volkaersbecke, reproducing the engraving of P. J. Goetghebuer

Military and Religious Life in the Middle Ages and at the Period of the Renaissance, by Paul Lacroix. Pub. by Bickers & Son, London

controlled. That such attempts at resistance were not lacking is shown by repeated injunctions of the Church asserting its right to organise all, even lay associations, and by continuous efforts of lay orders to maintain a line beyond which the church power should not advance.

It is of interest to note that something in the very nature of nursing service naturally eludes strict monastic forms and is resistant to solemn vows. Thus the great nursing orders of the Middle Ages were steady, if not always conspicuous, correctives of the tendency toward rigid monasticism and brought a continuous counter-current to bear upon it. How much this essential characteristic of nursing as an occupation—the refusal to be bound by other than its own requirements—had to do with first delaying, and then overcoming, enclosure, or, from a more general point of view just how great a factor it has been in the movement of women toward economic equality, is a subject that has not as yet received as much attention as it deserves.

Foremost as a woman's movement of this secular character, and, according to Helyot,[1] the earliest of the secular communities, was the order of the Béguines of Flanders, one of the most dramatic and determined of the many groups of workers which, in the pursuit of free and useful activity, continually formed and reformed, creating fresh organisations as the older ones became fossil-

[1] *Les Ordres Monastiques*, vol. viii., chap. i, p. 8.

ised and ineffective. The order of the Béguines represented several related principles. It was a protest against evils which were creeping into the more artificial monastic life of the time; against formalism and useless repression; and an assertion of a high moral standard coexistent with the right of initiative and of spontaneous self-expression in work. Haeser says:[1]

> Many associations, among them the Béguines, can only be properly estimated by regarding them as reformatory efforts toward greater freedom, and it is not only by chance that several such developed and reached a high point in Belgium, for in that country a free life of the people has always been vigorously asserted.

The date of the origin of the Béguines has been much disputed, and all critical writers on the subject devote much space to the discussion of errors and misstatements. We have adopted Hallman,[2] and those other German historians who are in agreement with him, as our main authority.

The writers of the seventeenth century, says Hallman, show great confusion in regard to the Béguines. Some trace their origin to St. Begga, in the seventh century, and others do them injustice in identifying them with a sect at Vilvorde of somewhat notorious character. They have also been called canonesses, while again it is

[1] *Op. cit.*, p. 46.

[2] *Die Geschichte des Ursprungs der belgischen Beghinen.* Dr. E. Hallman, Berlin, 1854. Also Haeser, *op. cit.*

stated that their observances were opposed to canonical life. It appears to be definite that St. Begga, the daughter of the Duke of Brabant, was not the founder of the Béguines. Some historians say that she founded a convent of strict rule in 685, while others say she established the order of canonesses of Audenne. It seems reasonable to suppose, as another authority suggests,[1] that the Béguines may have chosen Begga as a patron saint, independently of any other relation.

Lambert le Bégue, a priest of Liège, an ardent reformer of a deeply religious nature, who fearlessly attacked wrongs entrenched in high places, and did not hesitate to denounce the clergy themselves, is the central figure of the first group of women called Béguines. He is called the founder of the order, and if we venture to suggest that the dissatisfaction with existing conditions and the plans to arrange a different mode of life for themselves first arose in the minds of women of character and judgment, being communicated by them to Lambert and by him shaped and supported, we can only advance this as a conjecture. Whoever first conceived the plan, it was Lambert who with fiery eloquence pictured the evils which had crept into the double monasteries, and, declaring that it was possible to live a pious life

[1] *Wetzer und Welte, Kirchenlexikon*, art., "Beghinen und Begharden."

and do good works outside of strict church rule, urged the formation of a community where women could live God-fearing lives separate from men. To him also the women owed the first endowment which enabled them to organise, for Lambert was possessed of wealth, which he devoted wholly to the purchase of a tract of land and the erection of buildings where this novel theory could be tested. The pattern on which the community was established may be seen to-day, to the great interest of visitors, in the Béguinages of Bruges and Ghent. In the centre of a large tract of land or meadow stood the church, which Lambert dedicated to St. Christopher on the 26th of March, 1184 A.D., on its completion. Scattered about it were numbers of tiny single houses, each standing alone and accommodating from two to four people. The whole settlement was surrounded by a wall. As seen to-day, the most exquisite neatness and order characterise the establishments of the Béguines, and the rows of little houses on the green plain, overtopped by tall trees and centring about the church of simple architecture, have a singular expression of peace and serenity. The next Béguinage was built at Tirlemont in 1202, and that of Ghent in 1234–5. After this the example spread rapidly throughout Belgium and the neighbouring countries. The earliest were built outside of the walls of the cities, but after these had suffered damage in war times the later ones were put within the city

Béguine d'Anvers

Helyot, *Les Ordres Monastiques*, etc., vol. iii., p. 1

walls. (The one within the city of Bruges was built in the thirteenth century.)

The life of the Béguines was partly in the world and partly conventual. Instead of the strict rule of the convent they had only simple regulations. They vowed themselves to chastity and obedience for the time they were in residence. "I . . . promise you, my father, and the authorities present and future, obedience and chastity while I remain in the Béguinage." But they were free to leave at any time, and free to marry. They did not obligate themselves to poverty, but retained their own property. Certain ones were allowed to live with their relations in the town. These, however, were not eligible for all the benefits of the commune. Nor did all the communities wear the same dress, for at different times and in different places we find habits varying in colour and style. In Liège the dress was usually grey, in other places blue, and in Nîmes and Nivelle it was the ordinary dress of the world. The special feature of these communities was the little houses where two, three, or four lived together and did their own housekeeping. This plan must have been suggested to Lambert by some woman, for he would surely not have thought of it himself. The members were recruited from every class of society. The only fixed requirement for their plan of living was extreme simplicity; different regulations marked different communities. Thus in Malines the Sisters were not allowed to keep

little dogs without paying a tax to the church. The well-to-do members lived at their own expense, and often left bequests to the community. Those without means did some kind of work, such as lace-making, an industry still followed in the Béguinages, or sewing; some of them went out as nurses; others, then as now, taught children and young girls. The old and feeble members were cared for at the cost of the community, and were not allowed to become objects of public charity. As the community acquired wealth, this was expended, first, in houses for the use of members without means of their own; secondly, in a hospital; and thirdly, in a church. The hospital was regarded as the most important part of their communal property, and Haeser says that the existence of an old hospital building anywhere was often the reason for beginning a new Béguinage. From the pay patients in the hospital, from those in private nursing, and from the proceeds of their industries they derived an income which they regarded as a common fund and used for costs and repairs, for general expenses, charity to the poor, improvements to the grounds, the building of bridges, and other purposes. Not every Béguinage owned a church; and when this was lacking the Sisters attended the parish church. But as soon as their resources permitted a church was built. The regulations of the Béguines were not submitted to the Pope for approval, but were agreed upon

by the Superioress and her assistants, and by the bishop of the diocese.[1] Though the parish priest was accorded a nominal headship he had no real authority, but consulted with the elder Sisters.

For his criticism of the Church Lambert was tried and imprisoned, and finally went to Rome, to plead his cause in person with the Pope, where he died. Fifty years after Lambert's death there were 1500 Sisters in the order. They spread into Germany, Switzerland, and France, where they were protected by Louis the Pious, who established a large community in 1264. During the thirteenth and fourteenth centuries every small town in France, Flanders, and Germany had its Béguinage. These often began on a very small scale, perhaps with only three or four Sisters, but increased with extraordinary rapidity. Frankfort had 57; Strassburg about 60; Cologne had some 140 Béguinages, each one domiciling from 100 to 700 members. An old writer counted 5000 Béguinages, and, in the beginning of the fourteenth century, the whole number of women thus grouped was reckoned at 200,000. The dwellings of the German Béguines were known by various names—Klausen, Seelhäuser, Gotteshäuser. The women were known as Poor Children, Voluntary Poor, Lullist Sisters, Capucines, Blue Nuns. In the fifteenth century the name Béguine often excited a prejudice in Germany (for there

[1] Helyot, vol. viii., chap. 1.

the Sisters had from time to time shown hysterical or undignified tendencies, or, as sometimes in France, had overstepped the bounds of propriety in their lives). For this reason the name "Seelschwestern" was adopted. There were many points of similarity between the Béguines and the Tertiaries of St. Francis and St. Dominic and there was often close associatian between them. Thus the German Béguine houses often chose Franciscan or Dominican priests. As time went on, many communities became Tertiaries of either St. Francis or St. Dominic. The Belgian Béguines were always more dignified than those elsewhere, not hysterical, in nowise disposed to mendicancy, and always more independent.

By the beginning of the fourteenth century the industrial and economic features of the Béguinages had become even more pronounced. A great number of dependents were maintained, and the communities took on the characteristics of poorhouses of a superior sort. The following quotations are from regulations passed in the year 1325: "Each Béguine shall be obedient to her pastor in all rightful things, and come at least three times a year to confess and commune. Each Béguine hospital shall have a Superioress who shall give permission to go out. No Béguine shall saunter about the streets without supervision, or sing indecent songs. After the evening bell no Bèguine shall sit at the door on the street or go out except for the most necessary

causes. Persons of the male sex over ten years of age shall not remain in the houses of the Béguines, nor shall any strange woman live among them. If a Béguine is to be punished, all the Sisters must appear on the ringing of a special bell. No one who has been disciplined is permitted to complain to her relatives over the affair." These rules were in force until 1467.

The Béguines, on account of their striking innovations in community life and their assertion of autonomy, met with clerical opposition and even with a certain amount of persecution. Helyot describes some of the errors into which they fell, as for instance that "it was not necessary to fast, or to submit to directions, or to obey mortal men." They were accused of heresy, and were classed with the Waldenses and other free-thinking sects. The opposition went so far that in 1215 an order of the Pope forbade the founding of any more such sisterhoods. Despite all opposition, however, the people upheld them, the civil authorities protected them, and it was impossible to stay the movement. Though they at times suffered more or less persecution, sometimes being driven from their houses, they eventually returned to them. In 1311 at the Council of Vienna their orders were again designated as heretical; nevertheless, they flourished and extended, being protected by the princes of the country and even by the bishops. That there were free-thinkers among them is evident. Thus in 1310

a Béguine, Margareta Poreta by name, wrote a pantheistic book. It is evident, however, that the practical usefulness of their lives was undeniable, and justified the protection of commune and prince. The freedom of the Béguines, so intimately bound up in the Belgian character, is thus described by Bishop Malderus of Antwerp in 1630:

> The Order of the Béguines is truly not a religious order, but a pious society, and compared with the former complete consecration is as a preparatory school in which the piously inclined women of Belgium live after a pattern highly characteristic of the temper of mind and the character of the people. For this people is jealous of its liberty and will be led rather than driven. Although it is beyond a doubt more meritorious to devote one's self to the service of heaven by vows of perpetual chastity, obedience, and poverty, and though there are many pious women in Belgium who are so disposed, yet most of them shrink from this irrevocable vow. They prefer to remain inviolably chaste rather than to promise to be so; they are willing to obey, but without formally binding themselves to obedience; to rather use their poverty in reasonable outlays for the poor than to give it at once up for good to all; rather voluntarily renounce daily the world than immure themselves once and forever.

Throughout the whole time of the active career of the Béguines, nursing remained an important branch of their work. One of their most beautiful

The Court of the Beaune Hospital

Les Edifices Hospitaliers, C. Tollet, 1892. Hamelin Frères, Montpellier

settlements was at Malines, where there were over 1500 Sisters, not including their dependents. This would appear to have been a nursing centre of importance, for Helyot says that the nursing in many hospitals was provided for by orders arising from the Béguines of Malines. Two especially noted and very beautiful hospitals were those at Beaune (this hospital remains almost in its former beauty to-day) and Châlon-sur-Saône. The former was founded by Nicolas Rolin, chancellor of the Duke of Burgundy, in 1443, and he brought Béguines from Malines to take charge of it. It was built with much magnificence, with long wards extending into a chapel, so that the sick could hear the services, and opening into square courts with galleries above and below. Patients of both sexes and of all ranks and degrees were received, both rich and poor. There was one ward for those most seriously ill, and back of all a building for the dead, with "many lavatories and stone tables." In the upper galleries were suites of apartments for wealthy patients, and the gentlefolk came from leagues around. The suites consisted of a bedroom, dressing room, anteroom, and cabinet. They were richly furnished, and each patient had three beds, that he might move from one to another. Each apartment had its own linen, utensils, and furniture, "and borrowed nothing from any other." The suites and wards were named after the King, royal family, dukes of Burgundy, and

other prominent personages. In the middle wards patients of the middle class were received, and in the lower galleries the poor. The rich patients had their own food and wine sent to them, and paid for their medicines, but the rooms and the Sisters' services were free. Few, however, left without bestowing a gift. The poor were cared for without any cost, but if they wanted anything special they had to buy it. A little river ran through the court and was carried in canals past the different departments for drainage. It was noted that the hospital had no bad odours, such as were found in so many others, but was sweet and clean.[1]

The hospital at Châlon-sur-Saône was also very magnificent, and there, too, there were no bad odours, but in winter delicate perfumes and in summer baskets of growing plants hung from the ceiling. It had a large garden, with a stream running through it, with little bridges over it. Helyot mentions also the beautiful drug rooms in these hospitals where the Sisters did the dispensing; also the dormitories, and the dining halls for the Sisters. The buildings were surrounded with extensive gardens and trees, and had an ample water supply. "The sick were nursed there," he wrote, "with all the skill, refinement, and sweetness that might be expected from the appearance of the place." The Béguines who established this work founded a

[1] *L'Hôtel Dieu de Beaune, 1445–1880*, par l'Abbé E. Bavard, Beaune, 1881.

distinctly hospital nursing order, and the Sisters of St. Martha of Burgundy, as they were called, remained active in hospital work.

Various causes combined to effect a gradual diminution in the numbers and size of the Béguine communities. With the changes of the Reformation they lost their German communities and the buildings were taken for poorhouses. In Halberstadt an example of this kind is still to be seen. Elsewhere they passed into the hands of the Church, as at Steenort near Vilvorde, where they were given over to the Carmelites in 1468. They are now principally confined to Belgium, where the most important groups are those at Ghent—the Great and the Little Béguinages—and that at Bruges. Here the Béguines have retained a corporate existence to the present day, and constitute at present as historically interesting a community of women as can anywhere be found. The freedom and independence of their original mode of existence, their self-supporting character, the irreproachable dignity and quiet, simple usefulness of their lives, continue unchanged. They have passed through vicissitudes and perils, but always safely. As early as the thirteenth century on the occasion of the conquest by Philippe le Bel they were in great danger of being sacked, but, sending a deputation to the monarch to beg for protection, they were accorded a gracious reception and ample safeguarding. At the time of the French Revolution they lost some of

their lands, and were ordered to lay aside their distinguishing dress. However, the comparative freedom of their rules, and the support accorded to them by popular esteem, preserved them from serious injury, and the mandate regarding their habit was ignored. In 1824 they were defended against the attempted aggressions of William of Holland, who was disposed to abolish their rights, by the action of the municipality of Ghent, who in a petition set forth their great services in time of war, epidemic, or disaster, and their blameless, useful lives, with such success that the King's unfriendly purposes were changed. In 1809–10 the Béguines of Belgium had devoted their whole strength to the service of the army during an epidemic of fever. During the war of 1813 their buildings were turned into hospitals, and after Waterloo they literally gave all they had to relieve the overwhelming distress. In 1832, 1849, and 1853 they again served nobly in cholera epidemics. Beside their readiness as nurses they have likewise not been wanting as good citizens. In 1821 they contributed a generous sum toward the establishment of municipal industrial workshops, and have often acted as an aid society in dispensing contributions to sufferers from natural disasters, such as inundations and fires. In 1869 a sympathetic and admiring visitor chronicled their numbers and conditions. There were then about 800 members in the Great, and 300 in the Little Béguinage. In the com-

Hospitalière de Ste. Marthe
Helyot, *Les Ordres Monastiques*, etc., vol. viii., p. 7

munity at Bruges, which is somewhat exclusive and almost entirely composed of women of the higher classes, there were about thirty. There were in all, at that date, twenty-one groups, some few of which were in Holland. They were universally respected, and lived frugal, industrious lives under their Superioress or Grande Dame, even the wealthy ones sharing in manual work. Beside teaching, managing crêches, nursing, and preparing the dead for burial, they carried on a number of self-supporting industries of a skilled character and domestic purpose.[1]

The Beghards, a men's order similar to that of the Béguines, whose first members at least were weavers, appear to have taken no part in nursing. The Beghards were throughout turbulent and much more distinctly heretical than the Béguines. Their order arose later than the women's, and soon disappeared. By the fourteenth century the name Beghard was synonymous with that of every conceivable kind of heretic.

A little later than the establishment of Béguines appeared other groupings of women of similar characteristics, the products of that same sturdy deep-rooted love of liberty which, united with a strong religious sentiment, marks those people whose free cities erected the majestic belfry as a symbol of civic independence. The Sisterhood of the Common Life, one of these orders

[1] All of the 19th century details from *The Beggynhof*, by the author of *Gheel*.

gathered about Gerhard Groot, of Deventer, born in 1340, an idealist and leader of thought. He also founded the Brothers of the Common Life, in whose community Thomas à Kempis lived and studied.[1] Like the Béguines, the Sisters took no vows and entered into no binding contracts. They wore a simple grey dress, and supported themselves by their work, but unlike the Béguines they returned to a conventual form of living under one roof, and holding no private property. Everything was held in common and there was one common purse. Their special virtues were obedience to those in authority, humility that found no duty too lowly, and friendliness to all. They were preëminently visiting nusres.

A secular nursing order of great distinction and for a long time of great activity in hospital work was that of the Santo Spirito or Holy Ghost. Certain old historians, claiming a great antiquity for this order, have attempted to trace its origin back to the days of Mary and Martha and to the numerous charitable houses that they are supposed to have founded. Vague legends are told of a nursing order working in these houses and of a military fraternity to protect the pilgrims, their patients. Father Helyot disputes the historical accuracy of these claims,[2] yet it is quite possible

[1] *Thomas à Kempis and the Brothers of the Common Life*, by Kettlewell, London, 1885.

[2] *Histoire des Ordres Monastiques*, etc., vol. ii., chap. xxx. pp. 195–198.

The Drug Room of a Nursing Sisterhood
St. John's Hospital at Bruges

that a continuity in nursing systems existed in fact though records be imperfect. Roubaud and Tollet give the year 1070 A.D. as that of the origin of the order,[1] but all other writers begin its history with Guy de Montpellier, of whom, indeed, little is known save that he was of knightly class, lived in Montpellier in the latter part of the twelfth century, and established there about 1180, upon a former and much older foundation, a hospital and a nursing fraternity called the Brotherhood of the Santo Spirito. The statement sometimes made, that the Brotherhood was founded in 1198, really means that in that year a bull of Innocent III. mentions the Hospital Santo Spirito in Montpellier, seven others in France, and two in Rome.[2]

The order has also been called a knightly one, and this is corroborated by Helyot, who holds that at some period in its history it was a knightly, though never a military order; for, he says, there is no proof that the chevaliers of this order ever bore arms or went to the crusades.[3]

The order of the Santo Spirito in its original form was a secular brotherhood, and its chief distinction and importance in nursing history lay in its early and close association with general hospitals in towns and cities. Heretofore the

[1] *Hist. des Hôpitaux, Gazette des Hôpitaux*, Paris, 1850, p. 598, Felix Roubaud. *Les Edifices Hospitaliers*, Paris, C. Tollet.

[2] *Abrégé de l' histoire de l'ordre du Saint Esprit*, par Nicolas Gaulthier, 1656.

[3] Vol. ii., chap. xxx, pp. 195–206.

great increase in the number of hospitals had been mainly in the form of pest-houses or shelters outside of the walls, for patients whose infectious disorders caused them to be expelled from towns, and where the nursing was carried on by some one of the orders founded especially for the care of lepers and allied diseases, but the order of the Holy Ghost from its earliest days was identified with the rise and development of general hospitals within city walls.[1]

This movement was synchronous with the rise of the middle class in its struggle for education and admission to the learned professions, and with the gradually increasing disposition of civil authorities—as cities became powerful and autonomous—to take over the control of hospital revenues and management.

Thus the secular brotherhood both influenced and in turn was influenced by the gradual progress of medical science, which, from now on, rested largely on experience gained in the hospitals within the walls of cities. As regards the general plan of its nursing system, the order was among those owing an indebtedness to the Knights Hospitallers of St. John, for it adopted almost word for word the code of the latter relating to internal management. Women were also admitted to the order as nurses, but historians have almost

[1] *Der Hospitaliter Orden vom heil. Geist*, Virchow, in the *Ges. Abhandl. a. d. Geb. d. öff. Med.*, Berlin, 1879. II, pp. 23–108.

Religieuse Hospitalière de l'Ordre du St. Esprit dans le Comté de Bourgogne, en habit ordinaire dans la maison

Helyot, *Les Ordres Monastiques*, etc.

completely ignored their existence. Dr. Hamilton[1] alludes to a widow Ernesseus who, in 1301, devoted her wealth and gave her services to the hospital in Montpellier, and Herzog mentions with vague praise the diligence of the Sisters, but how far they shared in the comparative intelligence of the nursing system we cannot tell.

In 1204 the Pope called Guy to Rome to take charge of the nursing in the hospital Santo Spirito. The order of the Holy Ghost spread widely and rapidly in Germany and over the Swiss borders. Hardly a town was found within these borders which had not its Hospital of the Holy Ghost, and Virchow mentions by name over one hundred and fifty, without assuming to have collected complete records. The order long retained its secular character of vigorous citizenship, though an edict issued by Pope Gregory X., in 1271–76, subjecting all the houses of the order to the one in Rome was the first step toward destruction of the secular organisation. In Italy and France little by little it came more and more under direct priestly control, until in those countries it eventually became strictly monastic.[2] Germany and Switzerland resisted this tendency long, but in 1446 the order was put under the Augustinian rule, and the duties of canonical office, singing in choir, etc., were added to those of nursing, of course to the detriment of the latter. In the

[1] Thesis, p. 23.

[2] Helyot, vol. ii., chap. xxx; p. 206.

seventeenth century the order had so degenerated that Louis XIV. tried (though without success) to abolish it in France. It clung persistently to its great possessions in Europe and the West Indies and retained them up to the eighteenth century. A remnant of this order still may be found nursing in some of the Italian hospitals.[1]

The habit of the Brothers, at least in France and Italy, was originally sky-blue with a black mantle ornamented with a double-armed white cross. This garb was altered later, and the blue robe was worn only in choir.

The hospitals of Florence have long been distinguished as having a nursing service greatly superior to that of the majority of Italian hospitals. With the exception of two or three special institutions—one for men only, another a maternity, and another the famous Innocenti, which is not strictly speaking a hospital—all the Florentine hospitals are under the nursing care of a secular order of women, of great antiquity and historical interest,—the Suore ospedaliere Figlie di Maria Madre della Misericordia, whose ancient title was simply "le oblate" or "le Donne Oblate di Santa Maria Nuova."

We have already mentioned the origin of Santa Maria Nuova, and this order of oblates seems to have grown into existence almost contemporaneously with the hospital itself. An Italian historian,

[1] *Hist. Devel. of Modern Nursing*, Jacobi, *Pop. Sci. M.*, Oct., 1883.

Chanoine Regulier et Hospitalier de l'Ordre du St. Esprit, en habit de Chœur, en Italie

Helyot, *Les Ordres Monastiques*, etc.

Marco Covoni, gives the date as 1296. Only friars are at first mentioned as officially employed, but the humble Mona Tessa, who devoted herself to the sick here, and induced other pious women to share the work, may have been overlooked. Documents prove that Tancia was the name of the foundress of the order, but it is possible that Mona Tessa and Tancia were one and the same person. The order was increased according to the needs of the hospital, and has continued to supply nurses to each new hospital as it has been erected. In olden times the "oblate" vowed themselves for life but are now free to leave at the end of three years' vows. They are under a Mother Prioress, who is elected every three years and is eligible for indefinite re-election. The Prioress was at first chosen by the "commissario" of the hospital, who was then invariably a priest, and afterwards formally elected by the Sisters; the principle of secular control was, however, adopted in 1782, when lawyers or senators became eligible to the office of "commissario." In 1850 physicians were added as eligible, and from 1873 a mixed council of seven lay directors has ruled the hospitals and the nursing service. The Mother Prioress is now elected by the Sisters after nomination by the council.

The convent of the order stands opposite to Santa Maria Nuova, and is connected with it by an underground corridor. The sisters wear a woollen robe, but with a more practical veil than

many others. Like those of other orders, their nursing duties are quite restricted, consisting chiefly of giving medicines and food, supervising, and directing the housekeeping, while the chief burden of the nursing work is borne by the servant nurses; however, the secular management has taught them more science than usually falls to the lot of religious nursing Sisters, so that this ancient order, possessing a continuous history of hospital service next in length to that of the Sisters of the Hôtel-Dieu of Lyons and of Paris, is still vigorous and successful in adapting itself to a changing environment.[1]

[1] We are indebted to Miss Amy Turton, who for many years has been in close touch with hospital work in Florence and Rome, for the material relating to the oblates of Florence.

CHAPTER VIII

THE NURSING SYSTEMS OF TWO FAMOUS HOSPITALS OF PARIS AND LYONS

Hôtel-Dieu of Lyons.—Of all mediæval hospitals, those of which we possess the most complete records dealing with the nursing arrangements are the Hôtel-Dieu of Lyons and that of Paris. The name Hôtel-Dieu—God's house,—especially in the early mediæval period, was generally used to designate the principal hospital in a French town or city. These Houses of God were originally xenodochia or almshouses, receiving the needy, the infirm, and the sick of every kind and class.

In the year 542, at the request of Sacerdos, the archbishop of Lyons, Childebert I., the son of Clovis, with his wife, Ultrogotha, founded the Hôtel-Dieu of Lyons, which later became one of the largest and most complete of all the hospitals of France.[1]

It was designed to shelter pilgrims, orphans,

[1] The material relating to the hospital of Lyons has been taken entirely from the *Histoire topographique et médicale du Grand Hôtel-Dieu de Lyon.* J. P. Pointe, Paris and Lyons, 1842.

the poor, the infirm, and the sick. The first small buildings were soon outgrown by the urgent needs, the demands upon the institution being all the greater because in an extensive territory it was the only one into which soldiers could be received. As a consequence a number of dependencies or branch hospitals were erected—separate from but belonging to the parent building—and in these were accommodated the contagious cases and those of other special classes.

Childebert appointed physicians for the wards from among the members of an academy which then existed in Lyons. Later a Royal College of Medicine succeeded the academy and inherited its hospital service. From the first the Hôtel-Dieu of Lyons presented a striking contrast to other institutions of the time in its comparative freedom from clerical control. Its administration was at the outset confided to the laity, a very unusual thing at that time in hospital systems. For six hundred years it remained under lay management. In 1192 we find a religious order of Cîteaux in charge, but just when this change was made is not clear. This order ruled it for several hundred years, but in 1478 there were complaints that the monks had abandoned their responsibilities to "counsellors and aldermen." The mayor of the city urged putting the hospital in charge of a board whose members could give their whole time to it, and in 1583 the Brothers yielded the government to a new body of laymen called "Rec-

tors." Under their management the hospital has prospered and developed as it could never have done so long as it remained only one of a group of varied interests.

From 1308 until the present time the Hôtel-Dieu has been a wealthy corporation. It is interesting, as showing how much alike are the methods of the people of different centuries, to note that in 1641 theatrical performances were given for the benefit of the hospital.

The nurses of the Hôtel-Dieu also are quite unique as regards their organisation and original standing. The earliest archives allude to them as "servantes chambrières," "filles repenties," "pénitentes" and in actual fact the staff of women nurses and servants was taken largely from among fallen women who had repented and wished to lead a better life. They were taken into the hospital—many of them, no doubt, being first admitted as patients,—and devoted themselves to its service. Beside the penitents, however, widows sometimes entered the nursing service. As time went on the nurses were called "quasi-religieuses," and since the end of the seventeenth century they have been known as Sisters. The men of the nursing staff, originally called servants, were later termed Brothers.

At first no special uniform was worn, but in 1526, because the latitude allowed in matters of dress had resulted in costumes being worn which were a "cause of scandal" the Rectors decreed a

uniform white garb. In 1562 this was changed to black with a white linen apron and an unstarched white cap. The chief motive for the adoption of a uniform was the need of propriety outside of the hospital, for the nurses were often sent out to do private nursing, and to take part in the ceremonies at funerals.

In the middle of the sixteenth century, the Rectors adopted rules calculated to meet the spirit of the times, and which, no doubt, were intended to put the nursing service on a more dignified plane. For this reason they introduced more stringent regulations, certain changes of uniform, and a religious ceremonial. Application for entrance now had to be made six months in advance, and one year's probation under a Mother Superior was required. If the applicant was approved by the Mother Superior at the end of the year's trial she received a grey garb with a collar around the neck. If she continued to be satisfactory she was later accorded a formal ceremony of dedication. Friends and outsiders were invited, high-mass was celebrated in the church, there was a sermon on works of charity, and the nurse took a vow at the altar to discharge her voluntarily assumed duties with fidelity. The aspirant was draped in a large mantle of black cloth; she was veiled with a white veil, and was presented with a silver cross. The ceremony was made in every way as impressive as possible. Nevertheless the nurses were not

allowed to regard themselves as "Sisters" in the sense of nuns, but were still held definitely accountable to their secular authorities. This is made very evident by a little incident which occurred in 1611 as the result of a gradually increasing tendency to a strictly conventual rule of life on the part of some of the nurses. A wave of religious excitement had passed through the ranks, and culminated in a demand made by a certain Louise Soyr, who, at the very moment of sharing in the ceremony above described, publicly declared her desire to take solemn vows and demanded the veil from the hands of the clergy. No doubt Louise had been encouraged and incited to this step by some of her companions, who meant, if she were successful, to make a similar request. But the Rectors refused her demand with emphasis, and took the occasion to make the positive statement that the Hôtel-Dieu was not a convent but a hospital; that there were to be no nuns there, but only women voluntarily called to serve the sick poor; that these women could receive their uniform only at the hands of the Rectors, and that, as they were free at any time to leave, they were also at all times liable to dismissal. No more was heard of solemn vows, and the Rectors continued as before to hold the reins. The Brothers' dress at this time was a blue robe, and on feast-days they wore a silver badge with the hospital arms on it. The moral effect of a uniform was well understood

in the Hôtel-Dieu. The physicians, when making their rounds, always wore robes with flowing draperies and caps, and the Rectors also wore a grave and serious dress when they visited the hospital.

The worthy old Rectors tried various experiments in order to perfect the discipline among the nurses. Their authority of necessity was delegated to some one person at the head of the nursing staff, sometimes the steward, sometimes the Mother Superior, sometimes the almoner or secretary. The steward might be a monk or a layman, but in either case the final authority and supervision rested with the Rectors. At some time during the sixteenth century the Rectors came to a conclusion which reflects great credit on their common-sense and sound judgment. Realising that there were many details into which the steward could not enter with the women nurses, and which, nevertheless, it was his duty not to ignore, they saw that this practical handicap prevented him from being informed of all that went on. They, therefore, chose a woman possessing skill and intelligence, whose whole function it was to direct the nurses and servants and apportion, supervise, and be responsible for their work. The holder of this office was successively called Mère, Mère Maitresse, Gouvernante, and Supérieure. Her responsibilities were great. She carried a key to the archives, presided at receptions, and had the privilege of appearing before the

Rectors in their meetings, to report upon the moral and material conditions of the house. Thus in 1586 the "Gouvernante" appeared at the council of Rectors to complain that many dead bodies of patients had been buried at the expense of the hospital, but that no compensation had been received from their heirs. Again, in 1606, the "Mère Maitresse" having recently died, we are told that the Rectors had to increase the number of their meetings in order to deal with the numerous matters that had been unattended to since her death.

It was not often that a nurse left voluntarily, unless it was to marry or to take care of some near relative. In 1597, we are told, one went home to care for her aged mother after twenty-three years of service in the wards.

The number of nurses in the early days seems to have been entirely inadequate. In 1335 two Sisters and three servants were considered enough. In 1523 a Mother Superior and sixteen Sisters formed the staff of women. The famous old hospital must have been very small in its beginning, or the branch establishments are not counted in; or the patients must have done a goodly share of the work. In 1598 the hospital had only one hundred beds. Actually, however, its capacity was considerable, for each bed was capable of accommodating five patients. The lay Rectors seem to have had not a few good practical ideas about nursing. In 1630 they decided that in

future every patient should have a bed to himself, and shortly thereafter all the old wide beds were banished forever. On the whole, in general internal management, in the careful separation of cases, and the isolation of contagious diseases, in the provision for night duty (an older Sister always being near, to direct the younger ones), and in the actual service to the sick by the Sisters, the Hôtel-Dieu of Lyons in the Middle Ages can show a very creditable record—incomparably superior to that of Paris, and probably better than that of most hospitals of that time.

The eighteenth century, a time of general deterioration in nursing, saw some falling off in the hospital standards. For a long period the steward was almost constantly a priest, and, beside the spiritual guidance of the staff of nurses, their temporal control and discipline were in his hands. The "Mère Supérieure," who had presided with such dignity, had disappeared, but when and why she was eliminated Pointe does not explain. In 1785 the Rectors again asserted themselves and ordered that the double authority held by the steward should no longer remain in one pair of hands. The stewardship was henceforward given to a layman and the priest reserved only his authority in spiritual matters, while the lay steward assumed disciplinary powers in the wards.

When the storm of the Revolution broke, all the religious orders were banished. The dress of the Sisters of the Hôtel-Dieu, which had gradu-

ally been becoming more nun-like, was replaced by the simple garb of the ordinary citizen and adorned with a tricolor. But in 1802 the priestly power flourished once more in the hospitals and then began a period of active struggle and clashing between the clerical and secular heads. As has happened always since the world began, the two warring elements sought to gain control over the women, and the nursing department was the storm centre. To introduce a more rigid conventual order was the purpose of one; to prevent it, of the other. The fierceness of the strife caused the public and the nurses themselves to take sides in the fray. The administration was determined to retain the right to place and replace the nurses in their wards, to regulate their goings-out and comings-in. So determined was the resistance made by the clerical party to these to us so simple and proper demands, that the contest ended by the "Maître spirituel" leaving the hospital with forty loyal Sisters, who had fought under his banner. It was a victory, but at a heavy price, for the hospital, which suffered for some time from the rawness of a new and inexperienced staff. The seceding Sisters formed a community, adopted a religious monastic dress, and have since that time been active in private nursing. Their order is called the "Bon Secours." In 1840, the affairs of the hospital having settled down into a regular routine, the strong and weak points of the nursing system are thus summed up

by Pointe, who concludes with certain criticisms and suggestions. The hospital then contained 1100 beds. The Brothers and Sisters were chosen from a respectable artisan class, those being selected who were of upright character, strong and healthy, and possessing some little education, at least the ability to read and write. They were accepted between the ages of sixteen and twenty-five years, and, after being examined as to morals by the priest, were admitted on probation by the lay steward. During the probationary period of some months they wore their own civil dress; but after being proved satisfactory they were given uniforms and the titles "sœur prétendante" or "frère prétendant," for final admission to the order was only made as death or some other cause created a vacancy among the full Sisters or Brothers. The candidate might thus have to wait ten or more years before being finally consecrated.

When the final ceremony occurred they were given a cross, and from this they were termed the "croisées." They were then entitled to life-long support from the hospital, and received a small allowance. The distribution of the nurses in the wards was regulated by the steward, who was thus practically the head of the service. The wards were presided over by head nurses—"cheftaines"—and the assistant nurses were in the proportion of one to ten if medical, or fifteen to twenty if surgical, patients. The nurses were

supposed to perform all duties relating to the care of the patient and there were domestics for the housework of the wards. The night duty was apparently not as well organised as in the Middle Ages, for there was only one young Sister for every hundred patients, and no older night Sister in charge. The best feature was the "cheftaine," who had learned every detail of her work by long experience, but the weak points were that the administration changed the nurses too often; that the servants were rough; the Sisters were not always well disciplined, and were often insubordinate to the physicians. Pointe considered that either the latter should have full control over the nurses in all that pertained to the care of the sick, or that, if this interfered with the unity necessary for the administration, then at least the criticisms and complaints of the physicians should receive more attention. In point of fact, they were ignored.

Further, he thought that the Brothers should be replaced to a great extent by Sisters, as it was impossible to secure a desirable class of men as nurses. Finally, he considered that it would be advantageous for the service to re-establish the "Mère Supérieure," and far better for the nurses, who needed the advice, protection, and supervision of a woman, but who were left entirely to the management of men. It is so unusual to find a suggestion of this nature voluntarily made by a man in discussing hospital service, that

M. Pointe deserves honourable mention for his liberality of view. Dr. Anna Hamilton gives the latest picture of the Lyons Sisters in a report on nursing in France.[1] They are given an elementary professional education in the hospital, are fairly well disciplined, and are free to leave the service and to marry. If they choose to remain, they are certain of a support, as mentioned. But, free and liberal as their constitution is, they receive no real training in the modern sense and their work is behind the times and crude.

The Hôtel-Dieu of Paris, which has been for centuries past and to-day is still one of the famous hospitals of the world, dates from 650 or 651 A.D. A small and modest hostel with some slight provision for the care of sick people, tucked under the protecting shadows of the church of St. Christopher and bearing its name, was the humble origin of the present vast hospital with its hundreds of patients. To Bishop Landry of Paris, whose statue now stands in the entrance to one of the blocks, is ascribed the impulse which brought it into existence. In connection with it was a small nunnery, occupied by a group of charitable women who had volunteered their services to the church to embroider altar cloths and see to the decorations. Later this community of St. Christopher extended its aid in service to the little house of charity. But little is known of

[1] Third International Congress of Nurses, Buffalo, 1901, *Transactions*, p. 420.

the earliest time, and definite records only begin in the twelfth century. In the time of Philippe Auguste, 1164–1225, the hospital was moved to the banks of the Seine near Notre Dame, the palace of the bishop, and the cloisters of the canons of the cathedral. The canons had been governors of the hospital from 1097, and it was now entirely rebuilt after the gloomy solid fashion of royal palaces, and named Domus Dei, Hôtel-Dieu.[1]

The kings of France soon made it the favourite recipient of their benefactions. The ward dedicated to St. Denis was the gift of Philippe Auguste in 1195, and that of St. Thomas was built by Blanche, mother of Louis the Pious. The hospital domain was frequently enlarged. In 1788, when it was described by Tenon,[2] it embraced the hospital by the Seine, the hospitals of St. Louis for contagious diseases, that of St. Anne, a convalescent hospital for women and girls, a country home for the Sisters, a farm, extensive storehouses and granaries, and the Bureau or Administration building.

Lepers were early excluded from the hospital, if indeed they were ever received at all. From ancient times Paris had had three leper refuges outside of the city, and in 789 Charlemagne had passed a decree forbidding lepers to mingle with

[1] The chief authority drawn upon for the first part of the chapter is *L'Hôtel-Dieu et les Sœurs Augustines de* 650 A.D. *à* 1810, by Alexis Chevalier. H. Champion, Paris, 1901.

[2] *Mémoires sur les hôpitaux de Paris.*

other people. The leper hospitals were separate until 1693, when, leprosy having practically disappeared from France, they were affiliated with other institutions and used for general purposes.

No other ancient hospital has bequeathed to posterity a nursing history so extensive or one that has thrown so much light on internal hospital management. For the publication of these interesting records we have mainly to thank the unremitting and bitter contest which for centuries was carried on by the clerical and civil powers over the administration of the important and extensive institution. In this, as in every similar contest, the nursing service was the chief storm centre, and to gain control of the nursing staff the main point of vantage sought. The story of this struggle points anew to the elemental importance of the nursing factor in the composition of hospitals, and many useful lessons may be taken therefrom.

The voluntary group of women who had first decorated the altars and served the patients of St. Christopher were collected and united in a strict order by Pope Innocent IV., who would not permit any self-governing religious societies of women. He imposed regulations following the Rule of St. Augustine upon them, and they were thenceforth known as the Augustinian Sisters or "Congrégation hospitalières de l'Hôtel-Dieu." Theirs is the oldest purely nursing order of nuns

Religieuse Hospitalière de l'Hôtel-Dieu de Paris, en habit ordinaire servant les malades

Helyot, *Les Ordres Monastiques*, etc., vol. iii., p. 186

in existence.[1] They had a rigid rule. In contradistinction to the system upon which the nursing Sisters of Lyons were established, the Augustinian Sisters of the Paris hospital were strictly monastic. They were subordinated and entirely responsible to the clergy, and to all practical purposes and intents were almost the same as cloistered nuns.[2]

Their entire lives were spent in the hospital, and, once professed, they renounced the world and all thought of any other home than its precincts, or any other existence than that in the wards. Even going out was hardly thought of, unless they were sent to do private nursing. As novices or probationers they passed through three stages: at first they were probationers ("filles en approbation"); next they were accorded the white robe ("filles blanches"), and finally received the hood ("filles à chaperon"). The time of this probation was seldom less than twelve years, but was often even longer; for, as the statutes fixed the number of full Sisters, it was only when death removed the elders that the novices were advanced to fill the vacant places.

In comparison with the continuity of this ancient nursing order all others seem ephemeral.

[1] Hamilton and Regnault, *Les Gardes Malades*, p. 12.

[2] Le Grand says that, while the religious hospitallers of the Middle Ages lived according to the Rule of St. Augustine, this does not mean that all communities had of necessity the same statutes throughout. Each group with separate govern-

"For twelve hundred years," says Dr. Bourneville, "they have been so intimately associated with the hospital that they have had no other life. They have no other dwelling. Their home is the Hôtel-Dieu. From the day of their profession they live and die there."

There is something thrilling and pathetic in the thought of these twelve unbroken centuries of nursing of the Augustinian Sisters, and of their successive generations, toiling, in complete self-abnegation and renunciation even through their old age, often to die in harness like poor old wornout patient horses. And from the thirteenth century on, at least, if not before, their lot seems to have been made needlessly bare and hard. Not only was their work almost cruelly heavy, but they were denied that light of knowledge and of understanding which does so much to brighten the severest toil. They were cut off from all share in the intellectual life, and even the course of outer human progress was closed to them. For them professional instruction did not exist. Only a routine handed down from one to another approached anything that could be called teaching.[1] What wonder that in time they atrophied mentally and became incapable of progress; that

ment had its own local Constitution, with the Letter of St. Augustine as a sort of prologue at the head.—*Statuts d'Hôtels-Dieu et des Léproseries;* publ. by Léon Le Grand, Paris, 1901. Alphonse Picard et Fils. Introduction.

[1] Hamilton, Thesis, p. 31.

science left them behind and that a changed environment found them unable to adapt themselves to it? It may be that, had these women possessed the love of liberty and the firm determination of the Béguines, they could have withstood successfully the overweening claims of an authority which was satisfied with nothing less than complete subjection. But the blame for their ultimate deterioration cannot fairly rest with them, but must revert back to the authors and executives of the constitution which was imposed upon them.

In 1212 the bishops in council passed statutes relating to the French hospitals, which contained regulations for the nursing orders. Heretofore each hospital had been a law unto itself, but now an attempt was made to bring about a certain unity, and the bishops decreed that all nursing orders should take the vows of poverty, chastity, and obedience, and wear a religious garb.[1] In this same council (which was a fateful one for the calling of the nurse) the bishops decreed that, in order to economise the gifts of the charitable, just as few nursing Sisters as possible should be maintained in each hospital.

This meant, of course, the maximum burden of toil laid upon the shoulders of the nurses. Thus ancient and eminent is the ancestry of the policy of economising in institutions by limiting the assistants and heaping on the work in the women's

[1] Le Grand, *op. cit.*

departments—a naïve and simple expedient which has not entirely disappeared from modern institutions. The bishops laid down definite rules for the hierarchy of officials and for all the daily round of the Brothers and Sisters: the hours for rising and retiring; the number of meals and the kind of food; the clothing to be worn; their comings-in and goings-out; the punishments for various and sundry offences; all were shaped in detail. The general management of the hospital was placed in the hands of the Chapter of Notre Dame, who delegated to this task two of their number called "Proviseurs." These proviseurs—or, as they might be called to-day, governors—placed in direct charge, as superintendent of the hospital, one chosen from the order of Brothers, who then received the title of "Maître."

The number of Brothers appointed for the hospital was thirty, and this number was not exceeded. Article thirty of the statutes provided that the two governors and the superintendent were to choose a Sister, who in their judgment seemed most capable and worthy of the distinction, to command the Sisters, direct them in the nursing, and maintain discipline among them. This Sister, at first called the "Maîtresse" later became known as the "Prieure." The number of full Sisters, which had been originally fixed at twenty-five, was increased to forty, with an addition of forty novices, because they not only had the entire care of the female wards, including

Ancien Religieux Hospitalier de l'Hôtel-Dieu de Paris

Helyot, *Les Ordres Monastiques*, etc., vol. iii., p. 184

all heavy work as well as the nursing, but also served in the laundry and household departments.

No Sister or Brother was permitted to go into the town, alone or with companions of his or her own choosing, but only with some one selected by the superintendent. They had two meals a day, and meat three times a week. Their food was frugal and the dishes were of tin or pewter. The two refectories (one for the Sisters and one for the Brothers) had long, yellow-painted tables covered with cloths. At one end of the room, slightly raised, was the table of the Master or Prioress. During meals one of the Brothers or Sisters read selections from religious works aloud.

The Sisters came in two relays to their meals and one, called the Convent Sister, was in charge of the meals and dining-room. Once a week the Brothers and Sisters met together to hear and to make complaints. Upon these unpleasing occasions sentences for the ill-doings reported were pronounced by the superiors. The punishments were varied—deprivation of an already scant diet, eating on the floor, or various acts of penitence were imposed. Even corporal punishment was sometimes inflicted, and, if a Brother was to receive chastisement, he received it before all the Brothers: if a Sister, she was punished before all the Sisters.[1] So quaint and primitive were the disciplinary methods of our ancestors in

[1] Le Grand, *op. cit.*, pp., 43–53.

nursing. The Brothers and Sisters rose at 5 A.M. Their ablutions finished, they went to chapel, while the matron made rounds. After matins they all went to their wards, put out the lamps, and prepared for the duties of the day under the supervision of the "cheftaines" or head Sisters. One by one the patients wakened, and the wards became animated. With basin and towel in hand the Sisters went from one to another, washing faces and hands, giving drinks, comforting, and assisting generally. Then the beds were made. Those who could sit up got out of bed. Those seriously ill were lifted to the next cot. Meals were served at 11 A.M. and 6 P.M. The porringers and spoons were of wood. The patients had meat four days in the week. Mutton was usually employed for soups and stews. Beef, veal, and pork were seldom used. There were soups, eggs, fruits, cheeses, and tarts. On fast-days the diet was principally herrings, pickled or in oil, and onions preserved in nut oil. It sounds odd to hear that each ward had three "pintes" of milk a week; a supply curiously in contrast to the lavish consumption of milk in modern hospitals, even though this "pinte" equalled an English quart. The very ill patients had a better wine than the others, also chicken, squab, gosling, and other delicacies. On fish days they had small fried fish.

After dinner visitors were admitted to the wards, and this time of partial leisure was occu-

Religieuses de l'hotel Dieu de
Paris a 5 heures et demy du matin.
religieuse donnant boire un malade.
Novice balayant la Salle.

From *Les Edifices Hospitaliers*, C. Tollet, 1892. Hamelin Frères, Montpellier

pied in the many details which could not be attended to in the busy morning. There is a pretty picture, too, of the festivities and celebrations on saints' days, when the patients' beds were decked with garlands of flowers and when something of the general gaiety brightened the dull wards. The night Sisters came on duty at seven. They had an allowance of wine to drink at night, but no mention of food is to be found. Once or oftener during the night the Prioress made the rounds of the wards. Each full Sister had her own room. The novices slept in a dormitory.

Next to the superintendent the Prioress held the most important position, and to a certain extent she was independent of him and could go direct to the Chapter and give her reports. It was her prerogative to assign the women nurses to the various wards and departments, to send them to private duty, and to give them permission to go out. The general supervision of the wards and of the nursing was her chief function. She also purchased all supplies and had general control of the linen-rooms and store-rooms, which were her special pride. Indeed it seems evident throughout that the Prioress was more attentive to the housekeeping than to the actual nursing. A quaint description is given in the old records of the duties of the Prioress and her assistant; of their care of the old linen, which they washed and bleached for shrouds, bandages, and other

uses; of the great linen-rooms over the ward of St. Denis, where they often took a couple of younger Sisters or some patients to help them to sew. Here all the bandages and surgical dressings were made. In the storerooms directly under the Prioress' care all the jellies, preserves, and sweets for the whole establishment were made, the fruits and sugar being provided by the steward. The Prioress probably felt it necessary to devote herself especially to the housekeeping, as every ward had a head Sister or cheftaine, many of whom had been at their posts for years. A curious system which had been established also relieved her of direct responsibility in regard to the novices. It became the custom for her to place each novice, as she entered, directly under the personal charge of some one of the older Sisters. The elder was called the "mother in religion" of her protégée and was responsible for her training, religious instruction, and general deportment. But this arrangement, as may easily be imagined, gave rise at times to much trouble.

The drug department had an old Sister in charge, with a younger one and a boy to help her. The two latter carried the drugs to the wards, and the young Sister did the cleaning in the drug-rooms.

The obstetrical[1] division had a midwife in

[1] In connection with the obstetrical division was the *Tour du Limbe*, a square tower where the still-born infants were cremated. It was the duty of the Sister to carry the key and attend to this duty, and to permit no one else to approach this tower.

Les Religieuses de l'hotel Dieu de Paris estante a la Riuiere.
A. Lauoüir des Cinq Cents Draps, qui ce fait une fois le mois, ou toutes
les mères et nouices y doiuent trouuer.
B. les petites lauendieres, lauant les Draps, trois fois le jour. Scauoir
de puis quatre heures du matin jus quà neuf heures, de puis
midy jusquà douze heures, et de puis quatre heures
jusquà sept heures du soir

The Sisters of the Hôtel-Dieu Washing the Linen of the Hospital in the River Seine

Les Edifices Hospitaliers, C. Tollet, 1892

charge of the practical work, and a Sister to admit patients and keep order.

All the soiled clothes of the house were collected in receiving rooms under the charge of a Sister, who guarded them and saw that they were properly assorted for the wash. No steam laundry nor even wooden tubs had our devoted Sisters for this tremendous piece of work. Their laundry was the river Seine, and to wash the clothes the Sisters waded into its current even in icy winter weather and stood there. Every six weeks the "great wash" took place. This comprised all of the more ordinary linen, and that in general use. The "little wash" went on every day without cessation. It comprised the bed-linen from acute cases, and the Sisters occupied with it often had to work night and day. The laundry service was held in rotation by the Sisters for a year at a time, a Sister-in-charge directing the procedures by the river side. Well might it be said: "The Sisters endured with cheerfulness and without repugnance the stench, the filth, and the infections of the sick, so insupportable to others that no other form of penitence could be compared to this species of martyrdom. No one who saw the religious Sisters of the Hôtel-Dieu not only do dressings, make beds and bathe the patients, but also in cold winter weather break the ice in the river Seine and stand knee-deep in the waer to wash the filthy clothes, could regard them as other than holy victims, who from excess of

love and charity for their neighbours hastened willingly to the death which they courted amidst the stenches and infections."[1]

The Sisters also had charge of the clothes-room where the clothing of the patients was kept. It was the custom to sell the unclaimed clothing and belongings of the dead, and these sales constituted quite a source of revenue; also, frequently, a source of infection. It is evident that from early times the hospital was subject to periods of overcrowding. There were often five or six times as many patients as there were beds, and though cases of small-pox were not then received, and though, on the whole, in respect to the nursing of contagious cases, the service in the earlier centuries seems to have been better regulated than later on, yet mediæval notions of isolation were not what they are to-day. Mention of the notorious overcrowding of the beds of the Hôtel-Dieu reappears in the official complaints for centuries. While it is true that the custom of putting more than one patient in a bed was quite general during the Middle Ages, the Hôtel-Dieu of Paris seems to have had a bad eminence in this respect. It had even been known that in times of emergency six patients had been packed into one bed, three with their heads at the top of the bed, and three at the foot. This horrible custom has been excused by the apologists of the early management, and

[1] Helyot, vol. iii., chap. xxii., p. 185.

with some plausibility, as being at least kinder than letting the wretched patients die on the street.[1]

Signs of many troubles appear in the middle of the fourteenth century. In 1368 there was a contest between the Mother Superior and the Master which sounds so natural that it might have happened yesterday. It was the custom of noble families who gave munificently to the hospital to send to the Prioress for Sisters to do private nursing and it was her province to decide as to these calls. On one occasion, having refused to send a certain Sister, the latter, (who must have been of a type that still exists) complained to the Master, who took her part. The Prioress appealed to the Chapter, and in a written statement the justice of her claim is very well presented. As the Master was not responsible for her wards (she contended), he could not judge of the necessities of the same and should not interfere with her right of deciding whether or no a Sister could be spared for private nursing. Yet on this occasion the Prioress was not upheld in her obvious right, and the debated point, involving the ultimate authority in the management of the nursing staff, was left exceedingly befogged. Other and more serious evils had called for attention. Chevalier tells us that the general disorder and degradation in every part of society at the beginning of the

[1] Chevalier, *op. cit.*, pp. 59–60.

reign of Louis XI. was reflected in the staff of the Hôtel-Dieu. Discipline was relaxed and the deterioration was such that the King called a committee of investigation. It was probable that one cause was the impoverishment of the treasury consequent upon the wars, but a more direct source of trouble lay in the senility of the Superintendent, who had let everything go to rack and ruin. The Chapter wanted to give him an assistant, but among the Brothers there was not one who was capable of undertaking such duties. An old retired Brother of no great ability was called back and the hospital became the scene of perpetual insubordination and insolence. Melancholy scandals of a moral nature had added to the disorder. After all, the poor Sisters, overworked, ill-fed, and without relaxation other than prayers and religious exercises, were but human. In 1354 an unfortunate Sister had been convicted of infanticide and condemned to fourteen years' imprisonment,[1] though her companion in guilt is not even mentioned with disapprobation. The nature of some of the other irregularities is suggested by the often recurring ordinances of the Chapter: "that the Sisters should eat in common"; "that locks should be removed from the Sisters' doors"; and, on July 3, 1408, that a little staircase near the room of the Superintendent should be walled up.[2] In 1482

[1] Chevalier, p. 118.
[2] *Ibid.*, Book II, chap. i.

there were rigid inquiries into breaches of the vow of poverty. The Sisters no longer regarded this vow. They accumulated money and possessions. Now also the Chapter decreed that "seriously ill patients were to have single beds," and still another command (probably equally futile) went forth that "those who cooked the meat should see that it was not repugnant to the sick by reason of its blackness." [1]

In 1496 a dreadful epidemic of syphilis spread through the hospital, brought by the soldiers from their Naples campaign. The matron's sheets were ruined, and the hospital became a centre of infection.[2]

In 1497 fresh quarrels broke out between the staff and the two Proviseurs. Complaints of "abuses, scandals, disobediences, and insolences" were so rife that the King and Parliament had to interfere. The Superintendent was convicted of gross dishonesty; nevertheless, a band of the young Brothers and a number of the Sisters championed his cause with such intensity that on one occasion they formed a furious mob and assailed the Brother who had been temporarily put in charge, and who was really honest, with

[1] Chevalier, p. 142.

[2] The clergy said that the doctors did not know how to deal with it, and no isolation hospital was in existence. It was not until the seventeenth century that the hospital of St. Louis was built for contagious diseases. It was begun in 1607, finished in 1612.

sticks, knives, and hatchets. The unhappy Brother managed to escape half dead and took refuge in his room, whither the others pursued him and tried to beat in the door. Even the patients took sides, and twenty-five or thirty of them joined forces with the mutinous Sisters and Brothers. The sick were for the time being neglected and pandemonium reigned. The canons of Notre Dame, apprised of the revolt, hurried to the hospital to quell the uprising and implore the Sisters to return to their duties, but they were driven from the place with violence and had to escape by the wicket-gate, for the Sisters had locked the main doors.[1] In time the frenzy passed and a new Superintendent was installed, but only to meet with continued insults from the Sisters and even from the Prioress. Tales of these doings were carried to court by the court ladies, who were accustomed at that time to visit the hospitals to distribute alms. The disorganisation of the nursing service seemed so complete that about 1504 an attempt was made by the governors to introduce a new element. Some Grey Sisters, Tertiaries of St. Francis, were brought from Flanders for the women's wards, and on the men's side Brothers from the order of St. Victor were tried. The experiment, however, was a failure and did not last for a year. As a complete sweep of the old staff had not been made, the remaining members made life so unpleasant for

[1] Chevalier, pp. 150–152.

the new-comers that they were all returned to Flanders. A better degree of order was finally attained by the expulsion of several of the unmanageable Sisters and novices, but naturally the hospital then suffered from an undue proportion of inexperienced workers.[1]

Up to this time the clerical control of the entire hospital foundation had been absolute and unhampered, but now the civil power interfered and claimed authority, and a struggle began which lasted continuously for over four centuries.[2] In response to the general and emphatic complaints of mismanagement Louis XII., by letters patent in April, 1505, commanded that the temporal jurisdiction be taken away from the canons of Notre Dame and confided to secular directors. His letter begins:

11 Avril, 1505.

De par le Roy:

Très chers et bien amez, nous estant derrenierement en nostre bonne ville et cité de Paris, plusieurs plainctes nous furent faictes touchant le maltraictement et petit goyvernement de l'Ostel Dieu de Paris et des pauvres d'iceluy. . . .

[1] See Chevalier, chaps. v., vi.

[2] Of the determined struggle between the civil and clerical powers Feillet tells us, in *La misère au temps de la Fronde*, that the lords and clergy were prone to regard the hospitals as places for their relatives and their endowments as hereditary fortunes. Francis I., Henri II., Charles IX., and Henri III. issued edicts restricting the monopoly in hospital management. In 1612 there were lawsuits pending in many French

On the second of May Parliament named as directors Jean le Gendre, Hierosime de Marle, François Coussinot, Henry le Bégue, Estienne Huv, Jean Baudin, Guillaume le Caron, Millet Lombard, bourgeois de Paris, and defined in detail their powers and functions.[1]

The directors now began an investigation preparatory to taking the reins of government. Such resistance as they met in taking over the financial affairs does not concern our story, but in the internal management they encountered in the ancient nursing order a determined and baffling antagonist, requiring edict after edict from Parliament itself to quell it. Between 1536 and 1540 there were no less than sixteen different edicts of Parliament in regard to the Hôtel-Dieu. The number of the nursing and working staff was a standing grievance. It was said that there were too many Sisters and that numerous underlings were kept. Every monk, nun, and even upper servant had a servant, amounting in all to about one hundred persons. Moreover, the Sis-

cities over hospital property. The city of Rheims brought suit against a religious order which for forty years had not had a single patient but had used the revenue for other purposes. Another order confiscated yearly 20,000 livres intended for the poor. P. 216.

[1] *Notes sur l'ancien Hôtel-Dieu de Paris. Extraites des Archives de l'Assistance publique; publiées par Albin Rousselet.* Preface par Dr. Bourneville, E. Lacrosnier et Babé, Paris, 1888. From this point on our data are chiefly taken from this compilation of official records.

ters kept many convalescents in the hospitals, who were "never to be seen" when the doctors made their rounds, and who sometimes hung on for years, sometimes as patients or sometimes as helpers, but always as nuisances, for some of them would sell the surplus of their own extra diet to the patients, or extract fees from them in various other ways. There was always a contest going on with the Prioress to find out the exact number of her nuns, and to obtain information with respect to the occurrence of deaths or absences of any members of her staff. The directors wished to reduce the number of Sisters to "six twenties," but the Prioress would never produce exact figures, nor could they learn how many were sent to do private nursing in the city. They tried to meet the situation by refusing new applicants, only to have the Prioress accept them after all. In view of the facts proving the inhuman overworking of women in hospitals made evident in the records of this ancient charity, it is impossible to feel any sympathy on this point with the directors. The Sisters had to get the work done, and there is a limit to human endurance. Even a staff of "six twenties" cannot be conceived of as adequate for the performance of all the work of such a hospital as the Hôtel-Dieu, which in those days sheltered some hundreds of patients. Nor can the two hundred underlings and convalescents that they were charged with retaining be regarded as in any way the equivalent in labour

capacity of a well-trained modern hospital staff of servants, such as is now considered indispensable. In 1607 the directors regulated the number of Sisters as follows:

52 for the wards, including 10 night Sisters.[1]
1 as doorkeeper
2 in the drug-room
2 in the clothes rooms
3 in the convent (for the housekeeping and service)
2 in the drying rooms
3 to do the nursing in the convent infirmary
8 in the linen-room
3 for private duty
18 for laundry work
2 novices

In this connection also we find the following remarks: "Considering the old ones who cannot work very hard; those who are on the sick list; those who are likely to be sent to St. Louis and St. Marcel on emergency, and those sent to private families, this number cannot be reduced with safety to the patients."[1] In the course of a couple of centuries some idea as to the demands of the service dawned upon the directors, and paid servants were gradually added. Nevertheless we still fail to find any trace of a humane treatment of the nurses such as the directors claimed for the patients. In 1650 a new constitution was given by the clergy to the Sisters, increasing the pow-

[1] *Notes*, p. 17.

A Ward in the Hôtel-Dieu of Paris

From a wood engraving of the XVI century

From *Les Edifices Hospitaliers*, C. Tollet, 1892. Hamelin Frères, Montpellier

ers of the Mother Superior, and providing for a council of six of the wisest Sisters to confer with her. Private nursing was also stopped about this time. In 1654 the Prioress came before the directors to beg for more Sisters on the grounds of the increasing number of patients and the old age and illness of certain Sisters. The directors decided to look into the matter carefully, but not to allow more Sisters unless the increase was absolutely necessary. The Prioress came to another meeting to urge her plea again, but the directors were still obdurate, though it was evident that many of the Sisters were so old as to be almost useless. In 1655 the directors reduced the number of Sisters to eighty, but now decided to employ a certain number of paid servants, and later added ten more to the eighty Sisters.

In 1677 a petition was again brought to the directors for more help, as the Sisters were exhausted with the weight of the hospital service. In the two hospitals, the Hôtel-Dieu and St. Louis, there were three thousand and six hundred patients, and many Sisters had fallen ill or broken down. The Prioress begged the directors to relieve the Sisters of the laundry work, and the directors appointed a committee to see what could be done. It seems nothing short of cruelty to find, at this point, such an accusation as this made against these overburdened women—that "they were always trying to do nothing." The Sisters also had grievances on the subject of their

food. At this same time Sister Heurtel was reported for insubordination because she had refused to eat with the domestics of the hospital of St. Louis. Her reason was that she was afraid of contracting scurvy. One cannot but sympathise with poor Sister Heurtel, the more so as the clergy, who were helpless in the matter, did nothing, and the directors decreed that no other food should be supplied to her.

In 1692 the directors finally established the principle of paid domestic service and extended it throughout the housekeeping departments. They argued that the wages of paid servants would cost less than the thieving of a constantly changing and irregular mass of convalescent assistants. This decision, quite extensively carried out, brought relief and a better system, and the laicisation of the hospitals of Paris may be regarded as dating from this time.[1]

There were many other lines upon which the directors may have had a stronger case, although it is incontrovertible that most of the abuses unearthed were not directly blamable to the Sisters themselves, but to the system under which they were organised. Many and piteous are the complaints of the directors: "The Sisters will not do the wash, bathe the poor, clean their nails, cut their hair or do all those necessary things"; they were seditious and "cast contempt on the Board of Directors;" they were high-handed;

[1] *Notes*, pp. 153, 154.

changed the patients from one ward to another; "made a pinewood closet in the place of several beds which they removed for this purpose" (rather a pitiful and paltry charge), "although the same had been refused to them"; they resented all interference in ward management and regarded the directors as only there to pay the bills. They were not even willing to submit to medical authority in the care of the sick, and as late as 1787 the directors found it necessary to pass a rule making it absolutely obligatory on them to obey the physicians' directions. Yet reappearing through the storm of complaint are brighter glimpses. In 1737 there was a dreadful fire in the hospital. Thirty attendants were injured and seven killed, of whom one was a Sister; yet the patients were removed from the wards in such good order that their medicines were only delayed by two hours.

The clergy were opposed to autopsies and the Sisters hampered the physicians in this matter. They continually countermanded the physicians' orders for medicines and diet. They had strong prejudices as to treatment.

> Some are opposed to venesection; others to quinine; others to mineral waters; others to emetics; others to vesicants, and so on, and in consequence of these various prejudices, treatment is proportionately hindered and opposed in the various wards of the Hôtel-Dieu.

So complained the physicians on the staff.

What is most surprising from a modern standpoint is that the physicians did not yet control the admission of patients, but that this was also in the hands of the Sisters, as had been the custom of the hospitality of the earliest centuries of the Christian era. In all of this humiliating struggle the actual factors were the secular and the clerical powers. Clergy and laymen carried on this titanic contest with each other and used the Sisters alternately as weapon and shield. The poor Sisters, too ignorant to understand what was going on, went unsuspectingly to their own destruction. A single illustrative incident will be sufficient. The disorders in the obstetrical division were so great that in 1662 the directors had ordered written regulations to be posted in the ward. The Sister in charge tore down the bulletin "by order of the Spiritual Governors." The lay directors appealed to Parliament, which ordered the rules to be again placarded (1663), under a penalty of 500 livres fine, with costs for pulling them down. The rules, together with this parliamentary order, were again posted by the directors' secretary, accompanied by a hussar, but within a week they were spattered with mud, torn, partly pulled down one night and completely destroyed the next morning by Mother Bazin, who, emerging fearlessly from her kitchen, seized the remnant of the parliamentary decree and cast it into her fire.[1] No one was arrested or fined, but

[1] *Notes.* Preface, and p. 137.

Parliament issued a new decree, with a threat of corporal punishment for the offenders. Again the orders were posted and again they were torn down. More official fulminations were promulgated, but no punishments were inflicted. The orders were nailed to wooden slabs and secured by iron clamps, but the Sisters were equal to the emergency and covered them with pictures. The directors now plucked up their courage, and legal steps were taken, resulting in a victory for the administration.

The complaints were endless and often of a grave character. Drugs were sold to outsiders, and the charge of the drug-room was eventually transferred from the Sisters to a licensed apothecary. The supervision was imperfect and soldiers visited the obstetrical wards at night.[1] Dying patients were often transferred to other hospitals. The Sisters evaded night duty and handed it over to old women, the directors protesting as follows:

> The introduction of these old women hirelings is a dangerous innovation, not only because the poor will not respect them as they do the Sisters, and because serious accidents may happen, but also because it appears that this innovation presages the gradual slipping of the service of the poor from the hands of Sisters into those of hirelings.

In defence of this dereliction the nurses urged

[1] Report of Dames de Charité. *Notes*, pp. 73–75.

the insufficiency of their numbers and overburden of work.

The physicians complained emphatically of the patients' diet, declaring it was wrong to make the sick observe the rules of fasting prescribed for well people, and insisting that the soups should always be made of meat. In 1630 the complaint was made that the Sisters applied themselves unduly to meditation, to the frequentation of sacraments and spiritual conferences and confessions, neglecting the care of the sick and the teaching of the young novices. The directors entered a protest on this point, saying:

> It is a new and dangerous thing to introduce meditations, which are continually augmented: the nursing must be neglected, as one can see the Sisters pacing up and down with down-bent heads saying they are meditating. If the patients call or want something, they do not get it, and the said Sisters and novices complain that they have no time to pray; and those who have been incited to these meditations by people ignorant of the needs of the service in the Hôtel-Dieu are spoiled by having a medley of notions put into their heads which make them worthless, lazy, and insubordinate, so that it would be better to get rid of them.

In 1634 the clergy insisted that the Sisters should have half an hour every morning for meditation, but the directors resisted this demand on the ground that the Sisters had chosen the care of the sick as their whole austerity.

What they ought to do and to learn is to bandage and dress the wounds; wash and clean the sick; take them where they need to go; carry them; cut their nails and hair; give them their medicines; give enemata; give them drink and everything else necessary; do the washing; sew and mend the linen; lay out the dead and do other service according as occasion requires.

So said the directors. It is barely possible that the clergy were humane enough to want to provide a short resting time for the Sisters, and it seems rather hard that the half-hour was refused. Nevertheless, religious exercises were multiplied, although already fairly numerous; for, as we learn, the regular routine required each one, on arising, to pray; then all went to mass; during dinner and supper they heard religious reading; after meals they went to the chapel to say grace; every evening there were prayers; every Sunday and feast day a sermon; then the Sisters often listened to pious exhortations from able speakers in the wards, and received religious instruction from the Chapter every week: added to this there was the time spent in confession and in preparation for the holy communion.[1]

In 1630 the Prioress, who had been in the hospital for forty-eight years had declared her disapprobation of "innovations," and affirmed that the novices paid no attention to what she, the Prioress, and the head nurses told them, that

[1] *Notes*, pp. 46–47.

they scorned the services of the poor and thought only of spiritual exercises. Another old Sister said that the novices were busy all day with religious exercises even until late at night; consequently the next day they were tired and unfit for work. Another again, of thirty-three years' service, said: "Everything is upside down in the house and all these novelties and particular devotions, which are being introduced, only distract the Sisters from their true duty, which is to nurse the sick." The pharmacy Sister, of thirty-eight years' service, declared, "The novices to-day are quite unendurable." It was said that the novices kept themselves secluded in the convent and hardly went near the wards, or at least not until the old Sisters had finished all the hardest of the work. "They are more likely to be in the confessional than by the dying patients."

The clumsy old custom of having the oldest Sisters responsible for one or more novices made endless trouble. It gave rise to jealousies, bickerings, favouritism, and gossip. The elders intrigued to have certain younger ones put under their charge; the younger curried favour with their own "mothers" and ignored the others, while no "mother" could be made to see any fault in her own charges, although she was often treated with rank ingratitude in return. To end this difficulty the directors expressed a wish that all novices should come successively under the rule of all the "mothers." To carry out this sugges-

La Chapelle
du Rozaire
Procession des Religieuses de l'Hôtel Dieu
de Paris qui se fait tous les premiers Dimanche des mois
a 3 heures apres midy.

From *Les Edifices Hospitaliers*, C. Tollet, 1892. Hamelin Frères, Montpellier

tion would not have been easy, and another plan was soon developed. A more than usually capable woman, Geneviève Bouquet, the daughter of a watchmaker, had entered the hospital at the close of the sixteenth century. According to Helyot and Chevalier her sole motive was the love of nursing, in which she showed great ability, energy, and common-sense. They both speak of her as a reformer of the nursing service. She disapproved strongly of the existing system, and appears to have been the originator of the idea, afterwards advocated by the clergy, that the novices should all be placed under one person for discipline and training. The post of Mistress of Novices was accordingly created and bestowed upon Geneviève, probably about 1630. But this arrangement, which seems so eminently sensible and is, in fact, in existence in its essential forms in modern hospitals, only precipitated another war. The Prioress, her assistant, and the old Sisters were all deeply incensed, bitterly jealous and resentful, and Geneviève met with difficulties and obstructions.[1] So high rose the sea of wrath that the directors held a meeting in 1634 to investigate the state of the house, and the canons of Notre Dame, equally disturbed, held a similar investigation at about the same time. The Prioress and older Sisters complained bitterly that authority and ward discipline were disturbed by the Mother of Novices, and one

[1] *Notes*, pp. 61–63.

who had been a Sister for fifty years declared that to continue a Mother of Novices would be the ruin of the house.[1] The inquiry conducted by the canons, who called fifty-five Sisters before them, went deeper and revealed an incredible state of disorganisation. Jealousy toward the Mother of Novices was the least important finding. A deep and violent partisanship was exposed, for and against the Superintendent, Lesecq, who was, indeed, as incidental side-lights show, an adventurer of an unscrupulous and determined character, long engaged in a tenacious and desperate effort to wrest the general control from the directors and return the whole institution to its former management. The depositions of the fifty-five Sisters give a most extraordinary view of the internal state of the house. Violent language and even curses were faithfully recorded. Such terms as "fool," "donkey," "devil incarnate" were freely used and there was even a mention of fists.[2] Scandal was hinted at, involving the surgeon and midwife, and every one blamed every one else for something. Geneviève Bouquet alone appears to have been calm, moderate, and womanly, or, as the records call her, a "bonne fille." How long the position of Mistress of Novices was maintained is not clear, but Geneviève Bouquet was later removed from this post and sent to the hospital of St. Louis at the time

[1] *Notes*, p. 50.
[2] *Ibid*, pp. 61–63.

of an epidemic. Whether this step in reality represented the defeat of her plan of systematising the teaching of the novices is also an open question. At St. Louis her practical efficiency was soon shown. She secured a good water supply and a place for drying the linen, as well as an altar. Geneviève subsequently held the posts of pharmacy Sister and Sister of the lying-in wards at the Hôtel-Dieu, and was then elected Prioress, remaining in this position for nine years previous to her death in 1665.[1]

It was in the exciting year 1634, that the Dames de Charité of Vincent de Paul began their visits to the Hôtel-Dieu. Madame de Goussault, who obtained the needed permission from the Bishop of Paris, undoubtedly knew the whole lamentable state of things, as she used to visit a personal friend in the sisterhood. Another formal complaint to the clergy of the numerous religious exercises required of the Sisters was sent in by the directors in 1639, which was supported by the testimony of the Dames de Charité.[2] Many specific details of the neglect and suffering of patients are given, and they add:

[1] Helyot, vol. 3, pp. 190–192.

[2] The Dames evidently presented official reports of their observations to the directors, for a report made in September, 1635, by one of their number, Madame de Jardin, who had earlier been very active in war relief work and nursing, is quoted in the *Notes*, pp. 73–75. It begins: "The ladies see with concern the approach of winter"; and goes on to enumerate a number of details which needed attention.

The poor patients die like beasts without any attention or consolation; and this cannot be denied, for it is of recent proof in the complaints made by the ladies who daily and charitably visit the said hospital and see there often the death struggle of the patients, which causes pity and horror together; and all those who can, but do not, remedy these things shall answer therefor to God.[1]

As time went on the influence and oversight of the Dames de Charité, the sweet, cheerful assistance of the Daughters, and the character and energy of Geneviève Bouquet brought about a considerable improvement, and the old hospital seems to have settled down into a more tranquil state.

A pleasant and spontaneous testimonial to the Sisters (who had long received only criticisms) came from Christopher Rinck, an artisan of Dresden, who had been taken ill in Paris and sent to the Hôtel-Dieu in 1657. He lay three in one bed, but in relating his experience said that those who were dying were removed to a place alone.

Those are lucky men [wrote Rinck] that come out alive, and still more fortunate those who can stay out. And still I cannot sufficiently praise and extol it, for therein are many poor people served who would otherwise be undone, and I cannot doubt that God will requite the Sisters for it. For the nuns [there

[1] There were no screens in the hospitals.

were 300 of them, he said—how correctly one cannot tell] endure the great toil, hardships, and smells with the greatest patience and cheerfulness, and speak to the sick like a mother, or even better—only that they feel no sorrow when one dies. I have not heard the like in any country or city, and they shame the selfish Lutherans, who mostly keep their charities for themselves and give the poor nothing. The devil has put us sorely to shame by this disgrace. Had these people only our worship and our gospel, their like for blessedness could not be found." [1]

During the eighteenth century conditions in the hospital seem to have grown no better, but even worse, while the medical profession comes more prominently to the fore in complaints. In 1756 a long, detailed, and very excellent document was submitted to the directors by the physicians, complaining of various defects in the nursing service and especially with regard to the diets, which were served without any attention to medical orders or suitability. The doctors averred that many deaths were attributable yearly to errors in diet. Their criticisms were proper and necessary; and yet, such glaring defects of a fundamental nature existed at the same time in the medical and administrative departments, that one cannot but think of the mote and the beam in reading of the continuous complaints of these women for their shortcomings.

In 1770 the paid service was extended to the

[1] Schäfer, *op. cit.*, vol. ii., p. 138.

wards, and orders were given to report everything about the patients to the physicians. Little by little the Sisters had lost much of their former territory. The clothes-room, the sale of patients' belongings, the pharmacy, laundry, and much of the housekeeping had been taken out of their hands, and now their field of activity was still further restricted by the introduction of paid nurses, and a steady diminution in their own numbers. New wards were opened in 1787, and this was made the opportunity of the directors for introducing a new set of regulations, which at first applied only to these, but a year later was extended to all the wards. Three of these regulations in particular were thoroughly obnoxious to the Sisters, so much so that, headed by the Prioress, they made a last desperate resistance, appealing, though now in vain, to archbishops and high personages, and even threatening to appeal over the directors' heads to Parliament. The Sisters took the ground that their constitution and vows made them subordinate only to their spiritual leaders and that they could not obey others. It was a logical but now no longer a final argument.

The three odious regulations, against which they strove until exhausted, were as follows:

1st. The physicians were to discharge daily and give lists of all discharged patients to the inspector of wards, who was to see that they actually left the hospital.

2nd. One surgeon was to make early rounds at 6 A.M. and another rounds at 3 P.M.

3rd. The distribution of diets was to be made under the supervision of the head nurse and a surgeon, the latter carrying with him a copy of the diet lists.[1]

Bitter was the humiliation of the Sisters, and, from their standpoint of hundreds of years of tradition, they could see no justification for the rules. Kindness and charity alone had formerly regulated the admission and the discharge of patients. They knew nothing of science and system.

The distribution of meals (says Chevalier,) had formerly been a gracious and dignified ceremony, symbolic of the Church's gifts to her poor. In stately procession the Head Sister had gone the rounds of the beds, followed by bearers carrying the platters and bowls of food. A sweet quiet reigned and all had looked forward to the hour. Now the young surgeons, flippant and irreverent, set a different standard. They delighted in wearing their hats in the ward and in showing rudeness to the Sisters, who had always been treated with respect. Bustle and abruptness replaced the old quiet; in intervals the young men jested in unseemly ways with the patients, and the Sisters were embarrassed and hindered in the performance of necessary but inconvenient duties.[2] It is impossible not to feel

[1] *Notes*, p. 188.

[2] Chevalier, p. 503.

great sympathy with the poor Sisters, belated survivals, as they were, of a former period, for science does not appear to the best advantage when personified in a corps of raw young medical students.

The famous surgeon Desault about this time prepared a memorial of the defects in the hospital service. He was an ardent advocate of single beds, and these had now been introduced into all the new wards. Only in an emergency were two patients to be placed in one bed. His letter shows that the rest of the house still had three or four patients to a bed, the whole number running up, often, to between three and four thousand patients.

In 1783 a distinguished surgeon from Vienna, Hunczoos, visited Paris, and in describing his rounds at the Hôtel-Dieu said that in one bed he had noticed one patient dead, two others dying, and one convalescent.[1]

The new regulations for the paid servant-nurses gave one (male or female) to every ten or fifteen patients, and two orderlies were appointed to each female ward of more than sixty beds. The nurses received their uniforms and wages, with an increase after five years of kind, faithful, and intelligent service. After this period they were distinguished by some special feature of dress, and regarded as a higher class, and at least one of

[1] Schäfer, *op. cit.*, vol. ii., p. 136.

Les Religieuses
de l'hôtel Dieu de Paris
portant le repas des
pauvres Malades
A. Mere d'office coupant la viande pour distribuer aux malades
B. Religieuse tirant le bouillon aux malades
C. Novice ancienne portant un enfant mort.
D. Novice portant la portion aux malades.
E. Novice consolant un malade.
F. Novice allant changer un malade.
G. Novice de la chambre allant donner les
oeufs aux malades.

From *Les Edifices Hospitaliers*, C. Tollet, 1892. Hamelin Frères, Montpellier

this higher grade was to be attached to every group of six younger nurses in a ward or division. They were subordinate to the Prioress, the head Sisters, the Inspector of Wards (a male official), and they were also to show honour and respect to priests, Sisters, novices, and all officers of the house, on pain of dismissal. None over forty years of age were accepted, and after fifteen years' service in the wards, if invalided, they were to be supported for life by the hospital. Such was the beginning of the laicisation of the French hospitals.

The most expert description of the great hospital at the end of the eighteenth century has been given by Tenon,[1] who presented it as a report to the Royal Academy of Sciences, of which he was a member. In his time, the Hôtel-Dieu, unique in receiving at any hour and without consideration of age, sex, country, or religion, cases of fever, contagious and non-contagious disease, insane, surgical, and obstetrical patients, contained 1219 beds, 733 of which were large (52 inches wide—4 feet, Tollet says,—six feet high, and six feet long), holding from four to six patients, and 486 small ones (three feet wide). They stood in two, three, or four rows, the small and large being mixed up together, and so unevenly placed that some could only be reached from the foot, others only from the side. The beds were of wood, having wooden

[1] *Mémoires sur les Hôpitaux de Paris*, by M. Jacques René Tenon, professor of pathology. 1788.

shelves at head and foot to hold the patients' medicines and glasses, with thick heavy mattresses, and a feather bed on the top, a bolster, two sheets, two covers, and bed curtains, which in summer were made of white muslin and in winter of red serge. The narrowness of the passages between the beds made cleaning impossible; the walls were filthy with the expectoration of the patients, and it was impossible to prevent bedbugs. "Humanity groans," said Tenon, "to see the big beds remain." "No other hospital has kept the feather beds," he adds, "those relics of the seventh century." The dirty straw mattresses were opened in the wards at four o'clock in the morning (this being the time for changing the bedding of all patients suffering from incontinence) and filled with fresh straw. The hospital was four stories high, and had twenty-five wards, twelve for men and thirteen for women. The old hospital had been built in the most complicated way. There was no centralisation; each division was a little hospital in itself, with its own kitchens, little laundry, drying-rooms, etc.; each one took care of its own patients' valuables, clothing, etc.; thus any unity of administration was prevented. There was a special ward for small-pox patients, where they lay four and six in a bed, but in other wards there was an indiscriminate reception of ordinary contagious with non-contagious diseases, and the patients were indiscriminately placed in the beds. Tenon mentions the contagious disorders placed thus in

general wards and beds as measles, fevers, dysenteries, hydrophobia, scabies, tuberculosis of the lungs, and general tubercular ailments.[1] This horror especially causes one to wonder whether the physicians, who sent such minute complaints to the directors about the Sisters' work, and the directors, who carried such lengthy grievances against them to Parliament, ever noticed anything that called for improvement in their own domains. The clothing of the patients was as little classified as were the diseases, and that which was infected was sold with the rest to the public. Yet at the time that Tenon criticised this the Sisters no longer had charge of the clothes-rooms or the sale of unclaimed clothing, these departments having been taken under the control of the directors. Other hospitals, such as Beaune, in France, and Portsmouth and Plymouth in England, fumigated the patients' clothing and separated that which had been worn by persons suffering from infectious disorders, but such a procedure had not been thought of at the Hôtel-Dieu. The itch of the Hôtel-Dieu was of a malign character, peculiar to the hospital. It was accompanied by suppuration and gangrene, and destroyed many eyes.[2]

"Scabies is almost general," wrote Tenon. "It is perpetual. The surgeons and nuns contract it, the discharged patients carry it back to their families, and the Hôtel-Dieu is the hotbed

[1] Tenon, pp. 204, 205.
[2] *Ibid.*, p. 201.

from which it is spread over Paris." Neglecting no details he mentioned the hastily rinsed cooking vessels and dishes indiscriminately used by those who had scabies and those who had not. Malign fevers were also endemic at the Hôtel-Dieu. The obstetrical wards were placed in the worst possible position, exposed to all the effluvia of the surgical departments. Tenon pointed out that Vesou, a skilled obstetrician and physician, had long before advocated placing pregnant women in wards where they would not be exposed to surgical poison, but that this recommendation had never been adopted, and frightful epidemics of puerperal fever ravaged the maternity wards. Was this solely the fault of the Sisters, who were now only in supervisory positions? The condition of the insane was too horrible to be described, and patients suffering from hydrophobia were put in the wards with lunatics.[1]

Tenon quotes Saviard, who had observed that tuberculous conditions (then called scrofula) improved faster when exposed to the sunlight, but this observation had not been followed out or acted upon.

"The operating room, where they trephine, cut, amputate, contains at once those who have been and are to be operated upon as well as those undergoing operations. They all see the preparations

[1] Tenon, p. 216. Tenon gives a detailed description of the latrines, so revolting that it taxes the powers of the imagination.

for torture and hear the cries of agony." This cruelty the Sisters could have had no control over. The arrangement could only have been designed for the convenience of the operators.

No statistics were kept at the Hôtel-Dieu, and, as this would have been too absurd a charge to lay at the Sisters' door, the official charges and complaints against the management of the nuns do not refer to it at all!

We also learn from Tenon that the paid secular nurses had poor and inadequate rooms, no infirmary, and that when they were sick they had to go into the loathsome ward beds with the patients.[1] This one fact alone proves that it was a definite injustice to load all the blame of insanitary conditions in the hospital on the shoulders of the Augustinian Sisters, for at this time secular directors and scientific physicians ruled with full sway and were entirely responsible for the conditions under which the secular nurses lived and performed their duties. Then, too, if in three hundred years' time the directors had not been able to correct such hideously insanitary conditions as those existing in the water-closets and clothes-rooms, or to see that the physicians admitted and classified the patients properly and separated the infectious from the non-infectious cases, it is hard for even the most staunch supporter of civil government to see wherein their administration was superior, from the standpoint

[1] Tenon, p. 314.

of hygiene, to that of the clergy, especially when it is known that conditions in other French hospitals were measurably better.

The French Revolution brought fresh investigations and some improvements to the Hôtel-Dieu. In 1791 Germain Garnier made a report detailing all its horrors, not the least of which was that the slaughter houses for the city were situated directly under it.[1] In 1793 a second report speaks of great improvements. The large beds were now banished and only single ones remained. The wards were aired and washed, the patients were bathed and dressed, the food was improved, and the slaughter houses had been removed by the Committee of Public Health.

It is curious that in all of this long history of the nursing staff of the Hôtel-Dieu no mention is made of the Brothers. What became of the thirty Brothers, and what was the evolution of their duties? Did the Brothers continue to do nursing after the earliest centuries, and was their work good, or bad, or indifferent? Did they come to work under the Sisters as assistant nurses? For it is evident that the Sisters were in charge of men's wards. Neither the friends of the ancient

[1] From records of the Assistance publique during the Revolution. M. Garnier in this report said: "It is proposed to institute" (at the hospital) "a course of practical medicine, which does not exist in France, and to form a school of surgery to educate competent assistants." From this it may be surmised that the physicians themselves were not beyond criticism.

Salle Sainte-Marthe
(Hôtel-Dieu de Paris)
From *Les Edifices Hospitaliers*, C. Tollet, 1892. Hamelin Frères, Montpellier

nursing order mention the Brothers with praise, nor the critics with blame. The physicians give no sign of having known of their existence. The directors never refer to them. The truth about the Brothers will probably never be known.

The order of the Augustinians was suppressed by the Revolution, but the Sisters were allowed to remain in the hospital as individuals. Under the First Consul they were "provisionally re-established." At the present time the famous old hospital, with its adjunct the hospital of St. Louis, still retains its composite nursing staff. The Augustinian Sisters, whose constitution united their existence so closely with its service, continue to hold some supervisory posts, although they have disappeared from the other hospitals in which their order was once active in nursing, and although laicisation is now almost complete in the hospitals of Paris. With numbers diminished and influence gone, out of touch with the present, not comprehending the ideals of the future, only regretting vainly a vanished past, they still preside passively over the dingy, colourless, and dreary wards of the great hospital.[1]

[1] The last remaining Sisters may be finally removed at any time. The laicisation of the French hospitals in the nineteenth century is too large a subject to be considered in the present volume, and will be studied with the modern period.

CHAPTER IX

LATER MEDIÆVAL ORDERS

THE nursing orders of the later mediæval period were so numerous that even an approximately accurate outline of all can hardly be given, while an attempt to present full details would be tedious. We may, however, glance at the main lines of development of the most active orders and those presenting special features.

Prominent among the various Tertiaries were the Grey Sisters (Sœurs Grises; Grauenschwestern; also called Sisters of Mercy—Barmherzige Schwestern—and Sisters of St. Elizabeth). Founded in the thirteenth century and bound to all the works of mercy, these Sisters were especially devoted to the care of the sick in the hospitals or in the homes of the patients, and still exist in considerable numbers. Women of high and low degree joined this order; but, as in the days of the early Christians, the maidens and widows did most of the real practical nursing, whilst the wives of well-to-do citizens, noble ladies, and even queens undertook duties compatible with

their family and social obligations. The nursing, especially in the hospitals, became a definite and exacting vocation of this order, and a novitiate or probation time lasting from one to three years came to be required before the fitness of the Sister was held to be thoroughly demonstrated.

Two notable nursing orders of men belong to the sixteenth century. The order of the Fate-bene-Fratelli, the Brothers of Mercy or Pity, was founded in Spain in 1538 by a Portuguese, Jean Ciudad, who had been wounded in battle and, as was not infrequent in those days, had vowed to devote his life to God if he recovered. He was a man of extraordinary spirituality, simple, earnest, and devoted. He began his work by renting a house in Granada, where he gathered patients together and nursed them with touching devotion. To support them he went through the streets in the evenings with a basket, begging for sustenance for his charges. Like so many other nursing orders the Brothers were at first all laymen, not monastics. They took their name from the inscription upon their alms-boxes—"Fate bene, fratelli," "Brothers, do good." They were mendicants, and worked without a rule until 1570, when one was written for them. They became active in hospital work, and also visited the sick at home and distributed medicines. The order spread over a large part of the civilised world, and within a hundred years after its

foundation the whole annual number of patients in its care was close to two hundred thousand.

The Brothers still nurse in some Roman and Austrian hospitals, the most important of the former being that of Santo Giovanni Calibita, on the island where the first Æsculapian temple had been erected centuries before, and where their house is connected with the church of St. Bartholomew. In paintings of Juan di Dios the wards of a hospital are sometimes shown in the background.

At some time in the latter part of the sixteenth century an Italian order of hospital brothers was founded by Camillus, a plain, rough, untutored native of the wild Abruzzi regions. A youth of poverty and hardship, and a long series of illnesses during which he lay in hospitals where he doubtless saw much that could have been improved, stirred this simple and unassuming man to devote his returning strength and health to the care of the sick. He formed a brotherhood called the Clerks Regular, Ministers of the Infirm. Beside the three regular vows they took a fourth, pledging themselves to the work of nursing. Camillus died in 1614, and his humble self-consecration has enrolled him in the list of canonized saints. Some of the order are still to be found in Rome. A sisterhood called the Camellines, or Daughters of St. Camillus, also served nobly and suffered much. It was the special mission of the Sisters to nurse victims of the plague, and at the time of

Julio Beauchy, photog. Murillo

San Juan de Dios, Seville

the last great plague in Barcelona this band of heroines never returned alive from the pest-stricken streets and wards, but died there and their order became extinct. A modern order in Rome has now taken the name.[1]

Early in the seventeenth century an order of Sisters of Charity was founded in Genoa called the Daughters of Our Lady of Mount Calvary. They are now more commonly called Brignoline, from the name of their reformer Emanuele Brignole, and these Sisters carry on the nursing at present in a number of hospitals. The founder was Virginia Bracelli, who was born in Genoa in 1587.

In 1631 Genoa was afflicted by a great famine and threatened with the plague. In this year Virginia began taking orphans and rescued girls into her own house. Later she hired the deserted convent of the Friars of Bregara, known as Mount Calvary, and the institution took the name of Our Lady of the Refuge of Mt. Calvary. Virginia Bracelli provided for these girls partly from her own means and partly by the alms of rich patricians. In the course of time the girls took the robe as Tertiaries of St. Francis. In 1641 Virginia asked and obtained from the government the nomination of a certain number of protectors, who were to provide for the necessities of the institution, and three citizens were appointed. To these, in 1650, was added a fourth protector in the person of Cardinal Brignole, who exerted himself to

[1] Tuker and Malleson, *op. cit.*, iii., pp. 304–5.

reunite the girls in one place, and for this purpose secured a suitable building with gardens, and enlarged it at his own expense. After the death of the foundress, in 1651, Cardinal Brignole bethought himself that the girls might very properly serve in philanthropic institutions, as was done by the Daughters of St. Vincent de Paul, with whom he had corresponded. The occasion soon presented itself, in the shape of the plague of 1656, during which the Daughters of Our Lady of Refuge performed miracles of heroism and charity. Their fame, like that of the French order, became widespread, and many Italian cities invited colonies of these Tertiary Sisters to establish similar conservatoria. Their rule was almost identical with that of the Sisters of Charity, with this difference, that the Brignoline nursed only women. In recent times, however, beginning with the year 1840, they have undertaken the care of men as well.[1]

Tuker and Malleson say that all the hospitals of Genoa were in their charge, a fact which is of interest in view of Howard's comments that, at the end of the eighteenth century, he found these hospitals to be the best in Italy.

Visitors to Florence and Rome regard with special interest the unique spectacle of the Brothers of Mercy, who may often be met on the streets carrying a stretcher, or bearing a coffin to interment,

[1] Mlle, Maria Ortiz, of the Biblioteca Universitaria, Genoa, and Miss Baxter, of the Ospedale Gesù e Maria, Naples, by letter.

dressed in their weird robes and masks of dead black or pure white. The Brothers are a volunteer body who act as a sort of first aid corps, or a substitute for an ambulance service. They agree to respond in turn to calls for aid, and undertake such duties as conveying the sick from their homes to the hospitals, carrying and burying the dead poor, and assisting in time of emergency. They also go to the homes where there is illness for certain specified duties, such as turning, lifting, or moving the sick, in which they are skilled and gentle.

Like most mediæval charities, the order of the Brothers of Mercy was founded as an atonement for sin. In 1244 the wool trade (art della lana) formed the flourishing commerce of Florence, and large fairs were frequently held. The many porters who made a living by carrying the bales of goods had their headquarters in a cellar opposite to the Baptistery, where, when not on duty, they gathered round a large brasier, and whiled the hours away in gambling, quarrelling, and swearing. One of their number, Pietro Borsi, was a pious man, who, by way of putting down blasphemy, got his comrades to pay a small fine for every oath they swore. The box on the wall soon filled, and, city wars being rife, Borsi proposed to buy six litters on which the porters should carry sick or wounded persons. This proved so good an institution that funds were soon added from outside sources, and money enough was obtained to build an oratory above the cellar, in which prayers and masses might be said for the sufferers.

Outside the oratory was a pulpit; there was added

also a beautiful loggia, which, as time went on, came to be used as a sort of pound in which were put lost or strayed children. If not claimed within a certain time they were taken to the Bigallo hospital for foundlings. In 1425 the city rulers decreed that the Misericordia and Bigallo companies should be amalgamated, an arrangement which did not work well and came to an end in fifty years. The Brothers of Mercy gave their loggia to the Bigallo, whose members, wholly given up to hospitality, refused to carry the sick. Then a new church, still standing on the opposite side of the Via Calzaioli, was built by the Brothers, who now changed their red garb for a black one and formed an organization which has never been altered from that day to this. Seventy-two Heads of the Guard are divided into companies of six, one of which takes office for four months at a time.

Then there are six captains, six counsellors, and seventy-two *congregati*, made up in fixed proportions of priests, lay-priests, nobles, and professional men. To these are added *giornati* (daily members) to the number of one hundred and five, of whom fifteen in rotation hold themselves ready at a moment's notice to perform any duty required of them. At the present time the society is rich and influential, inasmuch as many privileges have been conceded to it, and many a legacy has enriched its coffers. Its chronicles tell of much grand and noble labour in times of pestilence, and many a sick and poor creature has been tenderly nursed and relieved by the good Brothers of Mercy, whose hands are so strong and tender at the side of the sick-bed.[1]

[1] The *Anglo-Italian*, Dec. 21, 1895, p. 5.

Alinari, No. 2836

The Brothers of the Miseric rdia Taking a Patient to the Hospital in Florence

Similar orders have long existed in Spain. Howard, on his travels in the eighteenth century, saw the members of the Society of Hermandad del Refugio going about the streets striking on the pavements with long iron-pointed sticks. At the sound all the sick or distressed who desired their services would call them in. They also transported patients to hospitals or asylums, and maintained a refuge of their own for the needy. It was their custom to hang notices on the walls of the churches and other public buildings, stating where they could be found when needed.

Little science, however, remained in Spain after the expulsion of the Saracens. A medical writer has said that no country has contributed less to the art of healing, and for long centuries charity was the only form of relief.

It is not usual to find a nursing order of women founded as a memorial to a young man, but such was the history of the origin of the Sisters of St. Charles de Nancy, who were established in memory of Emanuel Chauvenet, a young barrister of Nancy, by his father, in 1652. The young man had been noted for his active interest in charity and relief, and during an epidemic at Toul he had gone there as a volunteer to nurse the sick and had died in the service. The order, whose first head was Barbe Thouvenin, herself a volunteer, was at first secular, and remained so for ten years, but then became monastic, assuming perpetual vows under the Augustinian rule, certain modifications being

provided to meet the exigencies of the nursing service. Visiting nursing in the homes of the poor and general service in time of epidemics were the special purposes of this order, which likewise spread into many hospitals both for men and women; into military hospitals, almshouses, and asylums, and extended into Belgium, Prussia, Bohemia, and Italy. This was one of the few orders that lived through the French Revolution.[1]

Among the many orders formed to take care of lepers should be mentioned the Sisters of Charity of the Presentation of the Holy Virgin, a Dominican congregation established in 1684 by Mother Poussepin. It did not, however, spread far beyond the French borders.

The Filles de la Sagesse, sometimes called the Sœurs Grises or Grey Sisters, also survived the horrors of the Revolution, though they suffered terribly. Some of the Sisters were guillotined, others were massacred by the mob, and many were thrown into prison. But despite danger and persecution they did not flinch, but continued to go forth to nurse their patients and bring them to the Motherhouse, which was turned into a temporary hospital. This order was founded in 1715, at first for the special work of nursing, but later "to console all the wants of the poor." Through the ability and energy of Louise Trichet, the first head and practically the founder (though the plan for the order is attributed to Brother Louis Grignon

[1] Tuker and Malleson, *op. cit.*, iii., pp. 271–272.

de Montfort), it became one of the most popular, widespread, and vigorous communities in France.

Up to a recent date these Sisters had many houses in France and Belgium and, in addition to the sick, cared for the blind and for deaf mutes. Their dress is picturesque—a light grey gown and apron with a muslin fichu and a peasant's cap of white muslin.[1]

The Sisters of St. Vincent de Paul, an order that separated from the Sisters of Charity at the time of the Revolution, and works under a rule written in 1799 by Sister Thouret, possesses a notable record in hospital work, and is especially active in Rome, where the Sisters are now found in many institutions, among them the famous old hospitals of the Santo Spirito and of La Consolazione. It would be hard to find women sweeter in demeanour and expression than the Sisters now at work in these large hospitals, or, from the modern standpoint, nursing more lamentably deficient than that existing under their supervision. By day, it may present a fairly good standard, but by night it is not to be described.

How numerous the nursing orders have been is suggested by Miss Stanley, who has collected into one list those of the later mediæval period, and from this we quote, though not in full:

1612. Sœurs hospitalières du St. Esprit.
1621. Hospitalières de Loche.

[1] See Tuker and Malleson, *op. cit.*, iii., p. 258.

1624. Hospitalières de la Charité de Notre Dame. The foundress was a shepherd girl, whose ideal was to establish hospitals for women, and she actually accomplished her desire in six or more towns.
1630. Congrégation de la Miséricorde de Jésus.
1636. Filles de Ste. Geneviève.
1643. Hospitalières de la Flèche. Anne of Mélun, Princess of Epinay, belonged to this association.
1650. Sœurs de St. Joseph au Puy.
1652. Filles de St. Charles Borromeo.
1673. Sœurs Hospitalières de St. Joseph.
1679. Sisters of Charity, founded by Mme. Tulard at Evron, on liberal lines; the Sisters took no vows, could retain property, and had a five-years probation with hospital service.
1720. Ordre du Bon Sauveur, to care for insane patients.
1729. Sœurs Hospitalières d'Evremont.
1773. Sœurs du Saint Sacrement.
1810. Dames du Bon Secours, for visiting nursing.[1]

Romance and story throw soft and pleasing lights on the nursing of the Middle Ages. Thomas Wright recalls many pretty illustrations to prove his words: "Mediæval women were surgeons and physicians; these were regarded as the natural

[1] Hospitals and Sisterhoods, pp. 106–115.

Hospitalière de Dijon

Helyot, *Les Ordres Monastiques*, etc., vol. viii., p. 231

duties of the sex." He cites the novel of *Aucassin and Nicolette* of the thirteenth century, in which Nicolette manipulated and reduced the dislocation of a shoulder which Aucassin had received in falling from his horse. After putting the joint in place she "took flowers and fresh grass and green leaves [a charming compress, indeed] and bound them upon it with the flap of her chemise, and he was quite healed." In *Auris and Aurilon*, when the latter is attacked with leprosy, his friend's wife takes him into a bedroom, removes his clothing, bathes him herself and puts him to bed.[1] Again the high-born maiden in the *Roman de la Violette* takes Gerard, who is brought in badly wounded, into a room and takes off all his armour, undresses him and puts him to bed, and, having examined all his wounds, applies an "ointment of great efficacy." Likewise Rosamonde[2] applies precious herbs to Elie's wounds, prepares a bath for him, and places him in it. Another quaint testimonial mentioned by Wright is supplied by the illuminated MSS. *Historia Scholastica* of 1470, now in the British Museum, in which Tobit, blind and sick, is lying in bed while his wife, Anna, sits beside the fire conning a receipt book and concocting a remedy.

The care given by Rebecca to the wounded Ivanhoe is too familiar to need recalling here.

The long list of nurses worthy of mention in

[1] Womankind in Western Europe, p. 185.
[2] *Ibid.*

mediæval times has never been filled. If those of rank seem to occupy a special place in it, it is because their names have been more accessible to historians, and the more humble ones have been forgotten. Elizabeth, Queen of Portugal, devoted herself to hospital work. She entered a monastery in 1325 A. D., but, as she wished to retain the full control of her property for her work of mercy, she would take no vows. Her attitude supplies an interesting and instructive example of the ways of attaining one's practical purposes in that day: for then, as ever, economic independence was an indispensable condition for untrammelled energy. Elizabeth built a hospital at Coimbra and a number of refuges and asylums,[1] and practised the eight works of mercy,[2] to the mystic number seven previously enumerated being added the work of reforming sinners.

Isabel of Castile also "practised the difficult charity of attending on the sick, with whatever infectious and repulsive diseases they might be infected." [3]

Catherine of Genoa, who flourished about 1447, as a young widow entered the hospital of the city and spent the greater part of her life there. Beside nursing in the hospital she visited and cared for the sick in the city, going to their homes and at-

[1] *Women of Christianity*, Kavanagh, p. 99.

[2] The eight virtues corresponded to the eight points of the Knights Hospitallers, and, remotely, to the eight points of the compass, and early astronomical diagrams.

[3] Kavanagh, *op. cit.*, p. 102.

The Lady as Physician

From *Womankind in Western Europe*, by Thomas Wright. Groombridge & Sons, London, 1859

tending the lepers and other patients, and sometimes bringing them into the hospital.[1]

Another volunteer was Frances, Duchess of Brittany, who nursed a bitter enemy,—her husband's successor on the ducal throne, who had treated her with great injustice,—faithfully, through a long illness, and afterwards retired to a Carmelite monastery where, during an epidemic, she nursed the stricken nuns through its whole course, and, at the end of it, laid down her own life.[2]

The early practice of high-born dames and the custom of the various Tertiaries of visiting the hospitals for actual work was continued to a late period. Anne of Austria had certain days for ministering to the sick in the hospitals. In order not to be recognised she wore a mask, which, one would think, must have been anything but pleasant for the patients. One might also be inclined to suspect that the services of these royal nurses were limited to smoothing the pillow and serving a few dainties. However, Evelyn in his *Diary* records his surprise on visiting Paris in 1644 to see "how decently and Christianly the sick in Charité were attended, even to delicacy," and he had seen "noble persons, men and women," there attending to them.

A hard-working nurse of rank was Mlle. de Mélun, daughter of the Prince of Epinay. She

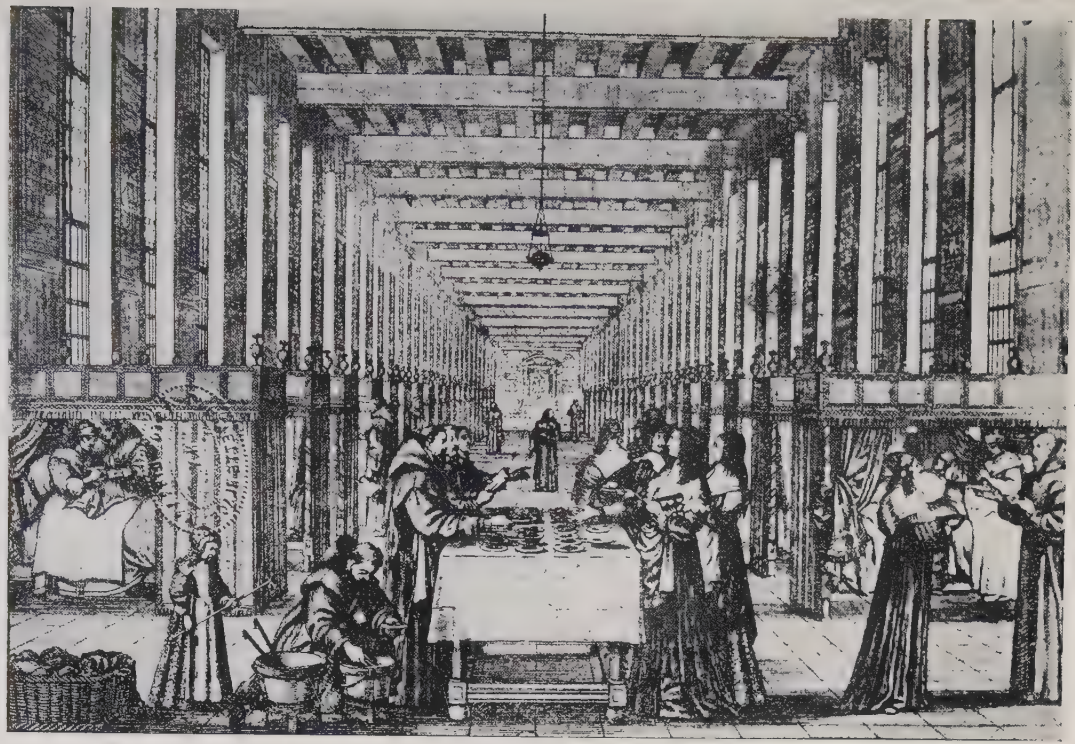
[1] Kavanagh, *op. cit.*, p. 114.
[2] *Ibid.*, p. 133.

established the hospital of Baugé and entered it for a life service, which lasted thirty years. She also, like Isabel of Castile, took no vows, because she wished to retain control of her property and spend her wealth as she saw fit.[1]

Nor were women of high birth alone distinguished in nursing. Jeanne Biscot, the daughter of a respected citizen of Arras, performed true prodigies of nursing work in war, emergencies, and epidemics. In 1640, Arras, when besieged, was like a vast hospital, except that no feature of a hospital was there, save the sick and wounded. Jeanne, with a company of her friends, went about the streets dressing wounds, rescuing, feeding, and reviving the sick and dying, and finally they went to the city authorities, begged for, and obtained the right to use a large public building for a hospital. Hither they carried their patients, and kept the house open for nine months, all remaining there as nurses. Brave and devoted girls as they were, perhaps it was not on account of faults of commission or omission on their part that an epidemic broke out in their wards, so courageously established. But break out it did, and all of their patients were removed to some sheds in the marsh beyond the town. Here Jeanne and her friends followed them and continued to nurse them as long as their services were needed.[2]

An admirable record of neighbourly work in vis-

[1] *La Vie de Mlle. de Mélun* par G. et L. Jossé. Paris, 1687.
[2] Kavanagh, *Women of Christianity*, p. 184.



Ladies Serving the Poor in Charité Hospital

Les Edifices Hospitaliers, C. Tollet, 1892. Hamelin Frères, Montpellier

iting nursing is accredited to Mme. de Chantal of Dijon, the grandmother of Mme. de Sévigné. She was a woman of position and wealth, possessing country estates, and endowed with a rare personality, energy, devotion, and common-sense. Moreover, she appeared to have been entirely superior to the superstitions which prevailed at that time. She did not believe in signs, dreams, or relics, and this rational mind, fervent but clear-seeing, and warm heart, directed a life of practical well-doing. Francis de Sâles was her friend and counsellor, and pictured her leading characteristics in the touching words, "that strong heart of hers, which loved and willed mightily." Her husband seems to have been a kindred spirit, for during her married life her house always sheltered at least one invalid. Sometimes it was a destitute old man suffering from an incurable disease—one such case, we are told, she nursed in her own home for ten months; again it was a poor leper lad, friendless and homeless, repulsive to others, so much so that she tried to perform all necessary nursing duties herself for him; or some pitiful incurable case too trying for the ordinary institutions.

Whether in town or country she was immediately notified when any neighbour fell ill, and few were the days when she did not spend some hours in the homes of the sick poor. While there, she worked hard and effectively—no mere visiting and almsgiving contented her; she washed the patients, dressed their wounds, made their beds and

put clean clothing on them, after which she took home with her the soiled linen, boiled it to free it from vermin, mended it, and took it back to them. At her chateau at Bourbilly she once nursed her peasantry through an epidemic, spending her whole day in going from one house to another. Besides nursing the sick she laid out the dead. Her memory deserves to be kept always green in the annals of visiting nursing, for surely more practical personal work has never been recorded.

After her husband's death she organised a visiting nursing order, that of the Visitation of Mary, and became its head. Francis de Sâles wrote the rule for her. It was simple and required no vow of poverty, no austerities, and the members were not cloistered. It was simply a free, voluntary, and practical association for friendly visiting and nursing. The members were to visit the sick daily, bathe, dress, and care for them, and take home their linen to be washed.

But Mme. de Chantal was ahead of her time in liberality of ideas, and the free, rational plan on which her visiting nursing order was established was not destined to succeed, because it did not meet with the approval of the clergy. The gradually growing tendency of the Church throughout the centuries to emphasise the idea of the strictly cloistered life and solemn vows had culminated in the decree passed by the Council of Trent in 1545, that every community of women should be strictly enclosed. Though in the past the pressure

of this chauvinism had been continually felt, it had been continually evaded, as is shown in the story of the Béguines.

Mme. de Chantal and Francis de Sâles believed that they could also stem this tide, but it was too strong for them, and the Order of the Visitation of Mary only stood on the free and voluntary basis where they had founded it for four years, from 1611 to 1615. The opposition to it was too strong and persistent; "an unenclosed community could not be tolerated," and it was finally completely made over according to the conventional pattern. [1] The voluntary agreement was replaced by solemn vows, and the active visiting and nursing work was given up for the "grille" and enclosure. Lay Sisters were brought in to do the work of the house, and the order was governed by a bishop. Only one feature of the original plan remained, and that was that the aged, infirm, and widows might be received within the walls. Mme. de Chantal lived a long and saintly life. She outlived Francis

[1] The pioneer of resistance to the decree of enclosure was Mary Ward, an Englishwoman, born in Kent, in 1585, who deserves the gratitude of posterity for her courage. She, with a group of other able women, established a teaching order, without enclosure, and ruled only by its woman head under direct allegiance to the Pope. But it was condemned on the ground that its members had undertaken a task "beyond the strength and resources of their sex." Mary was imprisoned as a heretic, schismatic, and rebel. She died in prison, but her brave companions and their followers kept up the struggle, until, in 1703, Clement XI. said, "Let women govern women." See Tuker and Malleson, *op. cit.*, iii., pp, 255–256.

de Sâles by many years, and was a revered and cherished friend of Vincent de Paul. She died in 1641.[1]

[1] *Histoire de Sainte Chantal* par l'Abbé Em. Bougaud, Paris, 1863, 2e Éd. This contains a lovely picture of the Saint as a young girl. Bougaud's material is largely drawn from the memoirs of an old nun, the Mère de Chaugy.

CHAPTER X

FRENCH AND SPANISH HOSPITALS IN AMERICA

THE Hôtel-Dieu at Quebec is the second oldest surviving hospital of North America, and like its sister hospital at Montreal owes its existence to the zeal and devotion of a woman. To trace its origin we must go back nearly three hundred years, and follow the history of that "advance guard of the great army of Loyola," as Parkman has called them,—the early Jesuits,—in their splendid efforts to make firm foundations for French dominion in the infant colony of Canada. No page of human history tells a tale of greater heroism, or more absolute self-abnegation, than that which describes the toils and privations of those first missionaries, who aimed at nothing less than the conversion of a continent, and who "from their hovel on the St. Charles surveyed a field of labour whose vastness might tire the wings of thought itself, a scene repellent and appalling, darkened with omens of peril and woe."[1] Here in a wilderness of vast and gloomy forests or beside

[1] *The Jesuits in North America*, p. 94.

great lonely wastes of water, surrounded on all sides by fierce, treacherous, and pitiless savages, destitute of all but the barest necessities of life, half-sheltered, half-clad, and often half-starved, the early Jesuit Fathers toiled on with unfaltering zeal and courage at their appointed task of "luring, persuading, compelling souls into the fold of Rome." No period of history is wrapped in much deeper obscurity than that of the Canadian Indians before the arrival of the French among them. While certain tribes undoubtedly knew something of pictorial writings, their migrations and constant warfare would probably account for the loss or destruction of trustworthy records, and for the survival of little beyond memories and traditions. We know that when civilisation touched the New World it found in the primeval forests human beings roaming about in a state of the most primitive simplicity and rudeness in which it is possible for the species to exist; and, although history tells us that the tribes of Indians inhabiting the region known as Canada were not quite the most savage of the red men of America, yet few can read any account of their general condition and customs without wondering at times if there were not some intermediary stage between brute and man to which some of these beings belonged, and wondering also at the superhuman courage and high faith which could bring across the seas men of noble birth and gentle nurture to cast in their lot among them. It takes little

imagination even to-day, three and a half centuries later, as one journeys down the great river of the North, the St. Lawrence, to people the woods and waters with the primal tribes of savages who held sway in and over them for many hundreds of years. We see in imagination the roving, starving, improvident Algonquin, the cruel and ferocious Iroquois, and hordes of scattered tribes whose long inheritance of traditions, prejudices, and superstitions offered almost insurmountable difficulties to the efforts of the Fathers to convert, to civilise, and control them.

Four Récollet friars (a mendicant branch of the great Franciscan order) sailed from Honfleur in France, and reached Quebec in May, 1615. Here they built their rude shelter, and here they set up their altar, before which was celebrated the first mass ever said in Canada, and from here they went forth on their forlorn hope, praying, preaching, and struggling with what they believed to be the powers of darkness. When, some years later, the Jesuit missionaries appeared on the scene, and the brave Récollet friars were supplanted by them, we find the beginning of the detailed records of the infant colony, of its life and growth, from which we now gather the story of our hospitals and of the care of the sick of the community. The conditions surrounding the intrepid missionaries are vividly described in that wonderful history the *Relations* of the Jesuits,

and a fair picture may be gathered of their daily lives. Their

way of lodging, sleeping, and eating being in every respect similar to that of the Savages, nature finds but few alleviations amid all these hardships. A little Indian corn boiled in water, and for the better fare of the country a little fish rank with internal rottenness, or some powdered dry fish as the only seasoning,—this is the usual food and drink of the country; as something extra, a little bread made of their corn baked under the cinders without any leaven, in which they sometimes mix some beans or wild fruits—this is one of the great dainties of the country. Fresh fish and game are articles so rare that they are not worth mentioning, it being all the trouble imaginable to secure these for the sick. A mat upon the ground or upon a piece of bark is your bed; the fire, your candle; the holes through which the smoke passes, your windows, which are never closed; bent poles covered with bark, your walls and your roof, through which the wind enters from all sides. In a word, all remains in keeping with the Savages except the clothing, to which we must yet begin to reduce ourselves.

Again:

If you go to visit them in their cabins—and you must go there oftener than once a day if you would perform your duty as you ought—you will find there a miniature picture of Hell—seeing nothing ordinarily but fire and smoke and on every side naked bodies, black and half-roasted, mingled pell-mell with the dogs, which are held as dear as the children of the

house and share the beds, plates, and food of their masters. Everything is in a cloud of dust, and if you go within you will not reach the end of the cabin before you are completely befouled with soot, filth, and dirt.[1]

Yet they had highly developed ideals of hospitality, and so long as there was food in the village the poorest and meanest need not suffer want. "He had but to enter the nearest house, and seat himself by the fire, when without a word on either side food was placed before him by the women." [2] Father Le Jeune, the Superior of the mission, made a journey with the Indians, sleeping at night upon the ground with a covering of birch bark provided by a charitable squaw. Though his bed, he said, had not been made up since the creation of the world, it was not hard enough to prevent him from sleeping.

As for beds, they are found everywhere. He who has built the earth, the rocks, and the woods, has also made the mattresses and bolsters which one must use in following the Savages; . . . the women cook the food (Indian corn) without butter, without meat, without fat, without oil, without salt, and without vinegar. Appetite supplies the place of all sauces; it surpasses all the condiments and appetisers of the best tables in France.[3]

[1] *The Jesuit Relations.* Edited by Reuben Gold Thwaite, vol. xvii., pp. 13, 17.

[2] *The Jesuits in North America*, by Francis Parkman, vol. i., p. 40.

[3] *The Jesuit Relations*, vol. xxxii., p. 265.

When winter came they suffered much from the extreme cold, to which they were unaccustomed, and against which they were ill provided. "Le Jeune's ink froze, and his fingers were benumbed as he toiled at his declensions and conjugations, or translated the paternoster into blundering Algonquin. The water in the cask beside the fire froze nightly, and the ice was broken every morning with hatchets."[1] Their days and nights alike were full of danger and peril. "The fear of the Iroquois was everywhere." Over and over again from all their letters and records does the picture repeat itself until it is finally immovably fixed in our minds and memories, and we see the little mission-house half buried in snowdrifts, we partake of their daily meagre fare of the loathed *sagamite*,[2] we share their sufferings during the long, toilsome marches in the bitter severity of the pitiless Canadian winter. "My ink is not black enough," wrote one missionary, "to paint our misfortunes in their true colours." Sickness was common everywhere among both French and Indians. There were epidemics of small-pox, and of other maladies vaguely described as the "pestilence," the "contagion," the "plague." Their mode of living made it al-

[1] Parkman, *op. cit.*, vol. i., p. 106.

[2] "Their food consisted of sagamite or 'mush' made of pounded Indian corn, boiled with scraps of smoked fish. Chaumonot compares it to the paste used for papering the walls of houses. . . . They used no salt."—*Ibid.*, vol. i., p. 220.

most certain that a disease would spread if it were possible for it to do so. No matter what the ailment, sick and well lived together and shared everything in common with the most perfect indifference, and in a few days the entire number of inhabitants of a cabin would become infected and the disease would spread from house to house and from village to village, finally becoming prevalent throughout the country. Scurvy, or land-disease as it was sometimes called, was perhaps more prevalent than any other disorder. It appeared with frequency and swept through their ranks with devastating effect. It is said that at one time out of the crews of the three of Jacques Cartier's vessels, containing altogether over 100 men, not more than three or four were free from this disease, and in one of them there was not a "whole man" to wait upon the sick. During the first winter that Champlain and his little group of Frenchmen were holding Quebec they were almost wiped out of existence by this dreaded disease.

Parkman gives the following account of the epidemic among Cartier's men during their first winter at Quebec, in 1535:

A malignant scurvy broke out among them. Man after man went down before the hideous disease till twenty-five were dead, and only three or four were left in health. The sound were few to attend the sick, and the wretched sufferers lay in helpless despair, dreaming of the sun and the vines of France. The

ground, hard as flint, defied their feeble efforts, and, unable to bury their dead, they hid them in the snow-drifts. Cartier appealed to the saints, but they turned a deaf ear. Then he nailed against a tree an image of the Virgin, and on a Sunday summoned forth his woe-begone followers, who, haggard, reeling, bloated with their maladies, moved in procession to the spot, and, kneeling in the snow, sang litanies and psalms of David. That day died Philippe Rougemont of Amboise, aged twenty-two years. The Holy Virign deigned no other response.[1]

The Indians, however, had already a remedy for scurvy in a sort of decoction made apparently from spruce boughs. Parkman tells of a certain evergreen, called by him *ameda*, a decoction of the leaves of which was sovereign against the disease. It seems, he said, to have been a spruce, or more probably an arbor-vitæ. The refreshing beverage known as spruce-beer or root-beer, in common use now in the country parts of Canada, may perhaps have thus had its origin among the early Indian tribes as a cure for disease. Occasionally there was an epidemic of small-pox, and in an account of such a visitation we get an illuminating vision of the missionaries at work.

The pestilence, which for two years past had from time to time visited the Huron towns, now returned with tenfold violence, and with it soon appeared a new and fearful scourge, the small-pox. Terror

[1] *Pioneers of France in the New World*, Francis Parkman, vol. ii., p. 34.

was universal. The contagion increased as autumn advanced; and when winter came, far from ceasing, as the priests had hoped, its ravages were appalling. . . . The Jesuits, singly or in pairs, journeyed in the depth of winter from village to village, ministering to the sick, and seeking to commend their religious teachings by their efforts to relieve bodily distress. Happily perhaps, for their patients, they had no medicine but a little senna.[1] A few raisins were left, however; and one or two of these, with a spoonful of sweetened water, were always eagerly accepted by the sufferers, who thought them endowed with some mysterious and sovereign efficacy. No house was left unvisited. As the missionary, physician at once to body and soul, entered one of these smoky dens, he saw the inmates, their heads muffled in their robes of skins, seated around the fires in silent dejection. Everywhere was heard the wail of sick and dying children; and on or under the platforms at the sides of the house crouched squalid men and women, in all the stages of the distemper. The Father approached, made inquiries, spoke words of kindness, administered his harmless remedies, or offered a bowl of broth made from game brought in by the Frenchman who hunted for the mission. The body cared for, he next addressed himself to the soul: 'This life is short, and very miserable. It matters little

[1] "The most ordinary of our occupations was that of Physician, with the object of discrediting more and more their sorcerers, with their imaginary treatments; although for all medicine we had nothing to give them save a little piece of lemon peel, or French squash as they call it, a few raisins in a little warm water, with a pinch of sugar."—*The Jesuit Relations*, vol. xv., p. 69.

whether we live or die.' The patient remained silent, or grumbled his dissent. The Jesuit, after enlarging for a time, in broken Huron, on the brevity and nothingness of mortal weal or woe, passed next to the joys of Heaven and the pains of Hell, which he set forth with his best rhetoric. His pictures of infernal fires and torturing devils were readily comprehended, if the listener had consciousness enough to comprehend anything; but with respect to the advantages of the French Paradise he was slow of conviction.

The countless superstitions of the Indians, absurd and chaotic though many of them were, were fairly matched by those of the fervent and devoted Fathers.

These priests lived in an atmosphere of supernaturalism. Every day had its miracle. Divine power declared itself in action immediate and direct, controlling, guiding, or reversing the laws of Nature. The missionaries did not reject the ordinary cures for disease or wounds; but they relied far more on a prayer to the Virgin, a vow to St. Joseph, or the promise of a *neuvaine* or nine days' devotion to some other celestial personage; while the touch of a fragment of a tooth or bone of some departed saint was of sovereign efficacy to cure sickness, solace pain or relieve a suffering squaw in the throes of childbirth. Once Chaumonot having a headache remembered to have heard of a sick man who regained his health by commending his case to St. Ignatius and at the same time putting a medal stamped with his image into his mouth. Accordingly he tried a similar experiment, putting into his mouth a medal bearing

a representation of the Holy Father, which was the object of his especial devotion. The next morning found him cured.[1]

We are unable to doubt, however, that the Fathers firmly believed in the power of the saints and angels to render the material and personal aid for which they prayed.

The "equivocal morality" (a morality built on the doctrine that all means are permissible for saving souls from perdition, as Parkman calls it) of their incessant attempts to baptise the sick and dying under pretence of giving them something which they needed of medicine or drink, forms an interesting phase of their efforts, and the *Relations* of the Fathers abound in instances of their skill in the accomplishment of this object. It was, in fact, the prime object of their existence to preach, convert, baptise, to snatch souls from perdition, to bring them into the fold of the true faith. They had come to plant the cross in the forests of the great new country, and, like the crusaders before them, nothing could quench their fervour and self-sacrificing devotion. Beside every bed of sickness, in every instance of suffering, whether of man, woman, or child, there they were with such simple help as they knew how to give, never losing sight for one instant of the real purpose for which they were there. Says Parkman:

[1] *The Jesuits in North America*, by Francis Parkman, vol. i., p. 196.

But when we see them in the gloomy February of 1637, and the gloomier months that followed, toiling on foot from one infected town to another, wading through the sodden snow under the bare and dripping forests, drenched with incessant rains, till they descried at length through the storm the clustered dwellings of some barbarous hamlet, when we see them entering, one after another, these wretched abodes of misery and darkness, and all for one sole end, the baptism of the sick and dying—we may smile at the futility of the object, but we must needs admire the self-sacrificing zeal with which it was pursued.[1] . . . . The truth is [he adds later] that, with some of these missionaries, one may throw off trash and nonsense by the cartload and find under it all a solid nucleus of saint and hero.

If the relation of their sufferings and their heroism stirs us profoundly now as we follow them by rock and torrent through dismal forest, from Algonquin hut to Huron mission, what a tremendous interest and enthusiasm these letters must have kindled in the minds and hearts of those who read them in their quiet homes in fair and far-away France. The letters of Father Le Jeune, one of the most dauntless and devoted of the entire number of pioneer missionaries who aspired to martyrdom in the service of their beloved faith, were passed about from one community to another, and at court from hand to hand, until they were actually worn out in their

[1] *The Jesuits in North America*, by Francis Parkman, vol. i., p. 187.

journeyings and could hardly be read. Among the sisterhoods the conversion of the savages became of paramount importance, of prayers, devotions, and fasts.

I know a monastery [writes one of the Fathers] where for several years there has been continually day and night some nun before the Blessed Sacrament soliciting this Bread of life to make itself known to the poor Savages and enjoyed by them. There has been found even in the country a Curé so zealous for the salvation of the poor Savages and Parishioners, so full of kindness that they have made three general processions and seventy-five fasts; they have taken the discipline a hundred and twenty-four times; they have offered eighteen alms-givings and a great many prayers—all for the conversion of these tribes; is not that delightful?[1]

Accompanying the recital of their adventures came pathetic appeals for money, reinforcements, and most particularly for the help of women. With the acumen which has ever been characteristic of the higher minds of the order, they saw far into the future, recognising to the full the value of women's works of charity and mercy. "If we had a hospital here," said Le Jeune, "all the sick people of the country and all the old people would be there." The hospital, they saw, would be a potent factor in the advancement of their work. It would bring subjects for conversion and baptism, helpless, into their hands.

[1] *The Jesuit Relations* vol. xxi., pp. 113, 115.

Speaking of the Hospital at Dieppe, it is only necessary to enter the hall of the poor patients to see the modesty of the sisters who serve them, to consider their kindness in the most annoying cases of sickness, to cast the eyes over the cleanliness of the house, to go hence full of affection and to offer a thousand praises to our Lord. If a monastery like that were in New France their charity would do more for the conversion of the savages than all our journeys and all our sermons.[1]

The response to these appeals was immediate and generous. Offers of help came from all sides and gifts for the missions in great numbers. In many communities nuns offered themselves to nurse the sick. The sensation made by the great progress of the ancient faith among the Indians spread, and finally touched the Duchess d'Aguillon, niece of Cardinal Richelieu, a young widow devoted to works of charity and piety. She had read Le Jeune's *Relations* for 1635, became interested in the Canadian missions, and his suggestion for the foundation of a hospital at Quebec made a strong appeal to her. His idea, which may also perhaps have been encouraged by the good counsels of St. Vincent, an intimate friend of the Cardinal, grew into a definite plan, and the Duchess finally decided to become the foundress of a hospital in the New World, having apparently the approval of the Cardinal in her undertaking, and the more substantial support of a grant of

[1] *The Jesuit Relations*, vol. vii., p. 289.

land by the Company of New France. Selecting the Order of Augustines at Dieppe, founded in 1155, one of the oldest orders of hospital nuns in France, she arranged that some of the Sisters should be chosen and fully and properly prepared to carry out her charitable enterprise in this new and strange country. They were furnished with contracts, "obediences and orders" from the archbishops under whose spiritual direction Canada then was, and finally on the 4th of May, 1639, three hospital sisters, together with Madame de la Peltrie and her group of Ursuline Sisters who were going to Canada to establish schools for the little savage children, embarked at Dieppe, crossed the Atlantic, and on the 1st of August, three months later, landed at Quebec, "to the booming of cannon" and the glad welcome of the entire colony. The "seraphic troops," as one of the Fathers who describes the event calls them, were in ecstasies of delight. They all knelt and kissed the sacred soil of Canada, and went to mass at church, later setting forth to visit the new settlement of Sillery, four miles above Quebec. Here a Knight of Malta, Noël Brulart de Sillery, had established through the help of the Jesuits a settlement of Christian Indians, where between the river and the woods behind were grouped a few small log cabins, a church, and some other buildings. Although it is related that the Duchess d'Aguillon sent workmen across in advance to clear up the land granted her, it appears that the

Sisters at first did not establish themselves in this spot, but were lodged temporarily in a building belonging to the Hundred Associates. Into this as a hospital went the three nuns, and their baggage had not yet arrived when sick people were brought to them. The good Fathers had to lend the Sisters their straw beds to enable them to perform their first act of charity. Writes one of the Fathers:

Scarcely had they disembarked before they found themselves overwhelmed with patients. The hall of the hospital being too small it was necessary to erect some cabins fashioned like those of the Savages in every garden. Not having enough furniture for so many people they had to cut in two or three pieces part of the blankets and sheets they had brought for these poor sick people. In a word, instead of taking a little rest and refreshing themselves after the great discomforts they had suffered upon the sea, they found themselves so burdened and occupied that we had fear of losing them and their hospital at its very birth. The sick came from all directions in such numbers; their stench was so insupportable, the heat so great, the fresh food so scarce and so poor in a country so new and strange, that I do not know how these good Sisters, who almost had not even leisure in which to take a little sleep, endured all these hardships.[1]

"As a matter of fact," writes another, "they could not contain themselves for gladness."

[1] *The Jesuit Relations*, vol. xix., pp. 9, 11.

Parkman gives a similar account of their introduction to the New World:

> Then came the small-pox carrying death and terror among the neighbouring Indians. These thronged to Quebec in misery and desperation, begging succour from the French. The labours both of the Ursulines and of the hospital nuns were prodigious. In the infected air of their miserable hovels, where sick and dying savages covered the floor, and were packed one above another in berths—amid all that is most distressing and most revolting, with little food and less sleep these women passed the rough beginning of their new life. Several of them fell ill.[1]

The epidemic finally passed and the Sisters, called by savages and Fathers alike "our good mothers," settled down into the life of the little community and began the upbuilding of their institution. For a few years they lived at Sillery, where the ruins of their first hospital are still to be seen, but the Governor, de Montmaquy, finding himself powerless to defend Sillery against the Iroquois, urged the Sisters to leave the place where they were exposed to so many dangers, and establish themselves at Quebec, which they did. Here they threw themselves with the utmost energy, ardour, and courage—and among them were three of whom it was said that their courage exceeded their sex—into the affairs of the little colony, fulfilling abundantly the predictions and

[1] *The Jesuits in North America*, by Francis Parkman, vol. i., p. 276.

hopes of the Jesuit Fathers as to the important results which would follow from their work. The hospital really seems to have been in the true sense of the word a *Hôtel-Dieu*. Into it came the sick and the injured, and to it also came the poor, helpless, and needy, and for each of them it was a haven of refuge. They called it the House of Mercy and sometimes the House of Health, and the Indians grew to love the place, and the kind and hospitable women who were so strangely gentle and merciful to them. More sick people came than the hospital could hold, and little bark cabins were built outside and near in which they could be sheltered and cared for. In one year the nuns had over one hundred and fifty patients. When the wards and cabins were full they brought the sick into the chapel. The moment a savage felt ill he would go to the hospital to be purged or bled: sometimes to ask for medicines which he would carry home to his cabin. The Sisters appear to have carried on an active outdoor department, and the report of the Mother Superior one year says proudly that they had dispensed over four hundred and fifty medicines. Their supply of drugs, they said, was exhausted, but their hearts, on the contrary, were still "quite whole," permitting them to rejoice loudly over a score of newly baptised converts to the faith.

But the offices of comfort, care, and consolation, which the Sisters tendered with unfailing generosity to all in need of them, did not cover the

Hôtel-Dieu of Quebec, in 1816
The old walls date from 1696
By permission of the Sisters of the *Hôtel-Dieu du Précieux Sang*, of Quebec

ground of usefulness which they occupied in the community, the upbuilding of which from the very first took a definite place in their plans and actions. The growth of the little settlement at Sillery was fostered in every way by the Sisters, who bore a goodly share of the burden of general expenses, and indeed proved to be so strong a support that one of the Fathers expressed his doubts as to whether the little village could subsist without their help. This interesting evidence of public spirit and complete identification of the Sisters with the material needs and interests of the community comes out not only in the history of the order in Quebec, but at a later day in a more striking way in the early history of hospital work in Montreal. At considerable inconvenience—for even if they wanted a few herbs, or a half-dozen of eggs for the sick, they must send a man at a cost of 30 or 40 sous to Quebec, some miles away, to get them—the Sisters held closely to their little foundation at Sillery, where the savages had learned to turn to them in illness and confidently expect their help and care. Their larger and better building at Quebec was, however, being completed, so that in the event of accident or trouble they had a safe and certain refuge to which they could "prudently and advisedly" retreat.

The power of love to draw forth the best and brightest emotions of which human nature is capable is shown in the attitude of the savages who had once come under the ministrations and

influences which the hospital gave so freely and it is pleasant to picture them returning to their tribes and relating to their astonished brethren the story of peace and good-will which had brought "within their ken" a new planet indeed. They had, says one of the Fathers,

a thousand pleasant things to say about these good nuns. They call them "the good," "the liberal," "the charitable." The Mother Superior having fallen sick these poor Savages were very sorry, the sick blaming themselves for it. "It is we who have made her sick," they said; "she loves us too much; why does she do so much for us?" When this good Mother having recovered entered the hall "to the poor" they knew not how to welcome her enough. They have good reason to love these good Mothers; for I do not know that parents have so sweet, so strong, and so constant an affection for their children as these good women have for their patients. I have often seen them so overwhelmed that they were utterly exhausted; yet I have never heard them complain either of the too great number of their patients or of the infection, or of the trouble they gave them. They have hearts so loving and so tender towards these poor people that if occasionally some little present were given them one could be very certain that they would not use it, however greatly they might need it, every thing being dedicated and consecrated to their sick. This charity had to be moderated, and an order was given them to eat at least a part of the little gifts that were made to them, especially when they were not strong. I am not surprised if the Savages

recognized very clearly this great charity; loved, cherished, and honoured them.[1]

On the other hand the Sisters found in their patients unlooked-for qualities. Fortitude they might have expected to find, for the Indian is trained from childhood into a stoical, an almost contemptuous endurance of suffering, but patience under prolonged discomfort, unmurmuring obedience, grateful recognition for services, these qualities astonished and delighted them. Subdued by illness, and under the gentle influences of the Sisters, the savages lost their claim to that title. "I have often wondered," says the Mother, "how these persons so different in country, age, and sex, can agree so well. In France a nun has to be on her guard every day in our house to prevent disputes among our poor or to quell them; and all winter we have not observed the least discord among our sick Savages—not even a slight quarrel has arisen."[2]

A characteristic story is told of some Huron Indians who were coming down from Three Rivers to Sillery when one of their number fell sick. His comrades took him to the hospital, and, lacking any other refuge, they also found shelter there. Their companion's illness proved serious and they could hardly be induced to stir from his side, assisting him in moving or lifting and, according

[1] *The Jesuit Relations*, vol. xix., p. 23.
[2] *Ibid.*, p. 21.

to the records, supporting his head or body in positions which gave him relief for four or five hours at a stretch. When the Sisters brought anything to the sick man the three others never failed to rise and thank them for it in their usual fashion, crying "Ho, ho, ho." (An ejaculation of delight and approval). "I should be too tedious," writes one of the excellent Fathers, "were I to relate all the appreciation that the good Mothers have of the docility and patience of their sick." A *Hôtel-Dieu* in the fullest sense of the word was this primitive little hospital out upon the frontiers of the world, answering gallantly to every call and strain made upon it by the needs of the people either in mind, body, or estate. When the numbers of the sick crowded their poor little quarters to the extreme limit they were not turned away, but lodged outside in bark cabins near the hospital. In that dire poverty and destitution which is the forerunner of disease, the savages and other colonists found shelter within the walls not for days only but for months. "Old men, women, and children" remained in the hands of the Sisters for several months during the long winter "who would have died of hardships," writes a Father, "without such assistance." This unquestioning, unstinted hospitality was evidently looked upon by the Sisters as one of the clearest and simplest of their duties, and if at times they had some misgivings over the inroads thus made upon their scanty re-

sources, they never hesitated when called upon for action. "It is incredible," an observant Father says, "what expenses one is obliged to incur on such occasions; the misery and necessity is such that conscience is compelled thereto."[1] The Fathers kept a watchful eye upon the activities of the Sisters, visited the sick daily and several times daily if needed, held religious services in the little hospital chapel, and even advised the Sisters on the important matters of dress, showing them how the unserviceable white habit could be made a serviceable brown with the aid of butternut juice or, according to some writers, with a dye made from walnut bark. Sometimes there was a little lightening of the often oppressive picture of sickness, suffering, and poverty as the following entries in the diary of the Fathers show. "During the shrove Days the Ursulines, and especially the hospital nuns, often sent us pastries, Spanish Wine, etc."[2] "The Hospital nuns sent a letter in the morning by Monsieur de St. Sauveur, and the evening before a small keg of Spanish Wine—about four pots. The same day I sent them a letter and a book—Father Suffreu's abridgment."[3] . . . "On the 6th the Hospital nuns regaled the hour magnificently *et saepe alias multa miserunt.*"[4] And the

[1] *The Jesuit Relations*, vol. xxiii., p. 313.
[2] *Ibid.*, vol. xxviii., p. 169.
[3] *Ibid*, vol. xxxii., p. 67.
[4] *Ibid.*, p. 75.

Sisters betray the touch of nature which establishes their kinship with common humanity in an occasional assertion of their rights and powers. The same daily record of one of the Fathers gives us the following amusing side-light:

> The Hospital Nuns having represented their right of seniority in the country over the Ursulines by virtue of having built in it two years before the latter—Item, because the hospitals are always privileged and have the first rank—the course of the procession was past the temporary altar at the fort near the flagstaff; then to the hospital; then to the temporary altar at Monsieur Couillart's; then to the Ursulines; and thence we came back to the parish church.[1]

As the labours of the hospital nuns grew heavier they turned for assistance to the savage women, who to their surprise quickly learned the "practice of charity" and made, as they admitted, "excellent hospital Sisters," lifting and carrying the sick, assisting and serving them in every way, and preparing their *sagamite* in their own fashion much better than the Sisters themselves could do it. They described thus the work of one of these women: "She goes for wood and for water, she does the cooking, she dresses the skins, she makes the shoes; if they kill some Moose three or four leagues away she takes her sledge and goes to bring her burden over the snows."

[1] *The Jesuit Relations*, vol. xxxii., p. 193.

The women proved, as might be expected, far more impressible than the men; and in them the Fathers placed great hope, since in this, the most savage people of the continent, women held a degree of political influence never perhaps equalled in any civilised nation.[1]

After a few years, at the urgent and repeated requests of the governor, who felt powerless to defend Sillery against the Iroquois, the Sisters moved to their larger quarters in Quebec, and finally in August, 1658, established themselves in a newly completed building on the spot where will be found the Hôtel-Dieu of to-day, with its community of Sisters, carrying on the work begun by the three Sisters who were prepared for it at Dieppe under the rule of the ancient order of Saint Augustine nearly three hundred years ago. In the long intervening period the history of the hospital reflects more or less clearly the stormy,

[1] Women, among the Iroquois, had a council of their own, which, according to Lafitau, who knew this people well, had the initiative in discussion, subjects presented by them being settled in the council of chiefs and elders. In this latter council the women had an orator, often of their own sex, to represent them. The matrons had a leading voice in determining the succession of chiefs. There were also female chiefs, one of whom, with her attendants, came to Quebec with an embassy in 1655 (Marie de l'Incarnation). . . . The learned Lafitau, whose book appeared in 1724, dwells at length on the resemblance of the Iroquois to the ancient Lycians, among whom, according to Grecian writers, women were in the ascendant. (*Mœurs des Sauvages*, i. 461 (ed. in 4to).

tumultuous history of its surroundings, where in and about the rock-built city of Quebec momentous conflicts and victories filled the years and made the place a mighty battle-ground, whose very name brings up a flood of heroic memories. Savage warfare alternated with civilised warfare (if it can ever be so described), and Parkman called the place a "sanguinary chaos," while steadily through the years recurs the story of incessant quarrels of priest with priest, or of all the black-robed forces with the secular governing power. Amidst constant bloodshed, and the strife and discord of political and religious feud and intrigue, the helpless young colony passed her first tempestuous years.

The arrival of regiments from France for the protection and development of the colonists might mean new strength and life and vigour, or it might instead mean new and heavy burdens, new cares and toils. The hospital opened its doors and received in one day from a regiment just landed one hundred men stricken with an infectious disease. They filled the hospital until it was crowded, and filled also the church and the houses in the neighbourhood, and "the nuns were so spent with their labours that several of them came near to death."

Still in the midst of toil and excitement they never lost sight of their main purpose, as the following tale of the Sisters' resourcefulness shows:

The priests were busied in converting the Huguenots, a number of whom were detected among the soldiers and emigrants. One of them proved refractory, declaring with oaths that he would never renounce his faith. Falling dangerously ill, he was carried to the hospital, where Mother Catherine de Saint-Augustin bethought her of a plan of conversion. She ground to powder a small piece of a bone of Father Brébeuf, the Jesuit martyr, and secretly mixed the sacred dust with the patient's gruel; whereupon, says Mother Juchereau, "this intractable man forthwith became gentle as an angel, begged to be instructed, embraced the faith, and abjured his errors publicly with an admirable fervour!"[1]

A century elapsed, and in that period the Hôtel-Dieu and the Sisters had grown into the very life of the community, had enlarged the original buildings, and established new hospital foundations, had added to their numbers, strengthened their financial basis by a careful separation of hospital and community funds, and had taken on the character, familiar to all those who know the history of these orders, of wealth, permanence, and power. "Quebec," says Parkman, "sat perched upon her rock, a congregation of stone houses, churches, palaces, convents, and hospitals. Batteries frowned everywhere—the Château battery, the clergy battery, the Hospital battery."[2]

The long siege of Quebec was slowly approaching

[1] *The Old Régime in Canada*, by Francis Parkman, vol. i., p. 241.

[2] *Montcalm and Wolfe*, by Francis Parkman, vol. iii., p. 50.

its climax and in the very thick of all the tumult and peril, sharing to the full every kind of danger, giving in full measure every kind of helpful work in their power, were found the hospitals and the good Sisters. Often they were awakened by the blaze of houses burning about them, kindled by the shells of the enemy, and these shells once pierced the walls of the Hôtel-Dieu, exploding in the halls and chambers. When the firing came into such close range that life was greatly endangered the Sisters with others would seek refuge in buildings a little farther away from the range of shot, which came near enough on one occasion to carry away a corner of one of the Sisters' aprons.

Then came the surrender of Quebec to the English, and the Augustines were in attendance night and day upon the troops with whom the hospital was soon filled. One of the officers thus describes the care given by the Sisters to the sick and wounded of both English and French armies:

> Each patient has his bed, with curtains, allotted to him, and a nurse to attend him. Every sick or wounded officer has an apartment to himself, and is attended by one of these religious Sisters, who in general are young, handsome, courteous, rigidly reserved, and very respectful. Their office of nursing the sick furnishes them with opportunities of taking great latitudes if they are so disposed; but I never heard any of them charged with the least levity.[1]

[1] *Montcalm and Wolfe*, by Francis Parkman, vol. iii., p. 175.

But quite as pleasant is a later picture of these same Sisters spending their "scanty leisure" knitting long woollen hose for the breechless Highlanders on guard in the bitter winter weather, which they gratefully accepted, says Parkman, though at a loss to know whether modesty or charity inspired the gift.

As securely placed in the heroic annals of Canadian history as Florence Nightingale in English history of the nineteenth century, or as Fabiola of Rome in the early Christian era, stands Mlle. Jeanne Mance, the founder of the Hôtel-Dieu of Montreal, its first hospital and one of its earliest buildings. No history of Canada has been consulted which does not include a more or less extensive account of her and her work, while a most complete and exact record of her life in Canada and of the contemporary events bearing upon it is found in the *Vie de Mlle. Mance* in two volumes, by the Abbé Faillon. Mlle. Mance belonged to one of the most honourable families of Nogent-le-Roi, a family which had produced a succession of distinguished magistrates and soldiers, several of whom had been ennobled by their sovereign. One of her brothers, professor in a university, was celebrated for his profound erudition, but no one of the family ever achieved a glory so great and lasting as that won by the subject of this story. The inheritance must have been good which wrought in her the striking combination of great piety, devotion, and enthusiasm

with uncommon good sense and a wise and liberal judgment in the handling of affairs, but Parkman notes that this combination is not uncommon in the monastic orders. She is said to have been a gentlewoman of graceful and distinguished bearing. Her portrait hangs in the hospital and has been thus described:

> Facing . . . the door is a portrait of the foundress, Jeanne Mance. The face is long and delicate, with fine and regular features, clear, large, dark eyes, long straight nose, curly hair escaping from the closely fitting cap, and a dimpled chin. A short, scant cape is pinned around the shoulders, and the face, looking downward, has a pensive expression that reminds the spectator of the famous Cenci portrait in the Barberini Palace at Rome.[1]

Since it is evident that from her earliest childhood she was deeply religious it seems strange that she could grow to womanhood and escape the powerful attraction of the cloister, especially as the death of her parents had made her mistress of her own actions and affairs. Her biographer, it is true, tells us, with what Parkman calls "admiring gravity," that at seven years of age she bound herself to God by a vow of perpetual chastity. "This singular infant," adds Parkman, "in due time became a woman. . . . Though an earnest devotee she felt no vocation for the cloister yet while still in the world she led the life

[1] *Maids and Matrons of New France*, by Mary Sifton Pepper. George N. Morang & Co., Toronto, 1902, p. 152.

Emile Lacas, Montreal

Mlle. Jeanne Mance
Foundress of the Hôtel-Dieu in Montreal
From the painting in the entrance hall of the hospital, by permission of the Sisters of the *Hôtel-Dieu de St. Joseph*

of a nun."[1] She could not have known very much about the New World, and of the proposed new colony of Montreal had not even heard; but the widespread interest and enthusiasm aroused by the Jesuit *Relations* reached her, and, stirred by the example of the devoted women who had given themselves so freely for the mission at Quebec, she knew suddenly that her own vocation was revealed to her, and that she was called to Canada to tread the perilous path which they had opened up before her. She was then thirty-four years old. The events in which she was destined to play so important a part were meanwhile in a truly miraculous way shaping themselves. At the little town of La Flèche on the Loire a tax-gatherer named Jerome de la Dauversière while at his devotions was visited by a vision in which a voice commanded him to become the founder of a new order of hospital Sisters, and to establish the hospital on the island called Montreal in Canada. Similarly in another part of France a young priest named Jean Jacques Olier, later the Abbé Olier, founder of the Order of St. Sulpice, was also visited by a vision and the inward voice directed him to form a society of priests and establish them on an island called Montreal in Canada. Neither of these two men knew the other and they lived in different parts of the country; yet history asserts "that, while both

[1] *The Jesuits in North America*, by Francis Parkman, vol. ii., p. 14.

were totally ignorant of Canadian geography, they suddenly found themselves in possession, they knew not how, of the most exact details concerning Montreal, its size, shape, situation, soil, climate, and productions."[1] To be sure the Jesuit *Relations* were scattered broadcast and the story of the Canadian missions had aroused an enthusiastic, in some instances almost hysterical, emotion, while the name of Montreal had long before become familiar through the writings of Champlain; but, as Parkman wisely reminds us, "we are entering a region of miracle and it is superfluous to look for explanations. The illusion in these cases is a part of the history." In a suitably strange way these two men were guided to a meeting in which they knew each other at once "to the depths of their hearts," though they had never met before; and, convinced that they had received a direct revelation from God, they set at once about finding some means of obeying the Heavenly Voice. They would plant the banner of Christ in this far-off, savage, desolate wilderness, and there establish three communities: one of priests to manage the affairs of the colony, one of nuns to teach the faith to children (white and red), and one of Sisters to nurse the sick. That there was no colony, no children to teach, no sick to nurse, did not apparently cause them to hesitate for a moment.

[1] *The Jesuits in North America*, by Francis Parkman, vol. ii., p. 6.

They enlisted the interest of wealthy and devoted friends; formed a company called the Association of Montreal, obtaining control of the island; matured their plans, and secured a leader for their enterprise in the shape of the brave and good Chomedy de Maissonneuve. Meanwhile, in following the direction of the divine will, Mlle. Mance had gone to Paris, consulted certain priests, and been introduced by them to "many ladies of rank, wealth, and zeal." Obtaining from them a good supply of money to enable her to carry out her project and to work for the faith in any way which might be open to her, and with practically a pledge (though under strictest secrecy) from Madame de Bullion that she would establish later a hospital at Montreal similar to that at Quebec, Mlle. Mance went on to Rochelle, the port from whence ships sailed for Canada. There miraculous agencies again took matters in hand, and soon after arriving she met de la Dauversière at the church door. They had never met before, they had never even heard of one another, but every thought and purpose of each was in a twinkling revealed to the other. They held a long conversation. She saw in his scheme the opportunity for which she longed, and committed herself without hesitation to share in the undertaking. He found in her the person for whom he was looking, a woman of intelligence, courage, and devotion to act as nurse and housekeeper for the entire company and colony. The ships

set sail, and after a voyage of about three months reached Quebec in August, 1641, too late to go on to Montreal that year. In Quebec, therefore, they remained for the winter, and a singularly trying winter it must have been. The good Brothers and Sisters who had so bravely and cheerfully endured untold hardships and laboured unceasingly for the upbuilding of their little colony could not rise to the idea of a new and rival mission which would not be under their authority, and by every means in their power sought to defeat the plans of the new company. But they had ill reckoned the characters of those with whom they had to deal, and the sturdy honesty and fortitude of Maissonneuve and Mlle. Mance stood proof against even the subtlest form of opposition. No argument could weaken them in their purpose. No difficulty could deter them from accomplishing it. In the following spring the little group journeyed on from Quebec, and at the end of eleven days landed at Montreal. Let Parkman tell, as no other writer has ever told, the exquisite story:

Maissonneuve sprang ashore, and fell on his knees. His followers imitated his example; and all joined their voices in enthusiastic songs of thanksgiving. Tents, baggage, arms, and stores were landed. An altar was raised on a pleasant spot near at hand. . . . Now all the company gathered before the shrine. . . . They kneeled in reverent silence as the Host was raised aloft; and when the rite was over, the priest turned and addressed them: "You are a grain of

mustard-seed, that shall rise and grow till its branches overshadow the earth. You are few, but your work is the work of God. His smile is on you, and your children shall fill the land." The afternoon waned; the sun sank behind the western forest, and twilight came on. Fireflies were twinkling over the darkened meadow. They caught them, tied them with threads into shining festoons, and hung them before the altar, where the Host remained exposed. Then they pitched their tents, lighted their bivouac fires, stationed their guards, and lay down to rest. Such was the birth-night of Montreal. Is this true history, or a romance of Christian chivalry? It is both.[1]

Months went by. The canvas tents were replaced by wooden buildings protected by palisades, and reinforcements for their number had come from France, bringing with them a fulfilment from Mme. de Bullion of her promise to provide means for building a hospital.[2] But Mlle. Mance had by this time realised that the first and most pressing need of the colonists was not a hospital, but assistance of quite a different nature. It is probable that with her characteristic good sense she saw that means which would aid them to develop the natural resources of the new country were of prime importance. Abbé Faillon says that she thought the funds would be more usefully employed if given to the Jesuit Fathers for the establishment of Huron missions. One of

[1] *The Jesuits in North America*, by Francis Parkman, vol. ii., p. 24–25.

[2] *Vie de Mlle. Mance*, by Abbé Faillon, vol. i., p 35.

the Jesuit Fathers tells a different story. It is certain that she wrote to Mme. de Bullion asking permission to use the money for the welfare of the community in other ways, and was met by a peremptory refusal. Although everybody was in good health and in the event of illness one or two rooms would at the time have answered every purpose, the money must be used to build a hospital and for no other purpose whatsoever, for had not the building of a hospital been one of the first objects in establishing the colony? "The hospital was intended not only to nurse sick Frenchmen, but to nurse and convert sick Indians; in other words, it was an engine of the mission."[1]

After a time the Iroquois in their wanderings discovered the French settlement, and from thenceforth peace and safety departed from their midst. The implacable enemy hung about their borders, attacking them at intervals and harassing them continually. They lived in perpetual dread of this terror and scourge of the wilderness, going and returning to their work in a body, armed, and as a further defence placing their households under the protection of certain saints, and increasing the number of their prayers and devotions. Under these conditions it hardly seemed wise to defer longer carrying out Mme. de Bullion's instructions, and accordingly a site was chosen (that which the Hôtel-Dieu still occupies) and

[1] *The Jesuits in North America*, by Francis Parkman, vol. ii., p. 85.

the entire force of the workmen of the colony was withdrawn from the vitally necessary work of tilling the soil and set to the construction of the hospital. They worked diligently and on the 8th of October, 1644, the hospital was finished, surrounded by palisades, and Mlle. Mance established therein. The building was dedicated in the name and honour of St. Joseph to entertain, nourish, and "médicamenter" the poor sick people of the country, and instruct them in all things necessary to their well-being. The hospital, a wooden building of "axe-hewn beams, the crevices filled with mud, the roof of slabs,"[1] contained two "large" wards for patients, a kitchen, rooms for Mlle. Mance and for the servants. It was sixty feet long by twenty-four wide. Adjoining it was a small stone oratory. "These imposing buildings," says a recent writer. on the subject, "made a deep impression upon the Indians." The hospital is described as amply furnished from France with linen, medicines, surgical instruments, and other necessities, and the chapel was supplied with carpets, chandeliers, crosses, and ornaments. To complete the outfit were two oxen, three cows, and twenty sheep. One supposedly indispensable factor in the handling of a hospital was not there, nor indeed was he anywhere in the colony at that

[1] "A Canadian Hospital of the Seventeenth Century," Dr. McCrae, *The Montreal Medical Journal*, July, 1906, p. 461.

time; that was a physician.[1] A few of the priests had some small knowledge of medicine, but Mlle. Mance had not, so far as we can gather, any knowledge whatever of the sick and their care; for it will be remembered that she had not felt drawn toward the sisterhoods, and the training and experience in nursing the sick which they offer she had consequently missed. In her office, therefore, as founder and directress of the hospital, she had only her sound sense, excellent judgment, and wise sympathy to guide her. This may, perhaps, have been a fairly desirable combination of qualities with which to offset the superstitious

[1]Later Canadian history notes among physicians Sarrazin, a naturalist as well as a physician, who has left his name to the botanical genus *Sarracenia*, of which the curious American species *S. purpurea*, the "pitcher-plant," was described by him. His position in the colony was singular and characteristic. He got little or no pay from his patients; and, though at one time the only genuine physician in Canada (*Callières et Beauharnois au Ministre*, 3 Nov., 1702), he was dependent on the King for support. In 1699 we find him thanking his Majesty for 300 francs a year, and asking at the same time for more, as he has nothing else to live on. (*Callières et Champigny au Ministre*, 20 Oct., 1699.) Two years later the Governor writes that, as he serves almost everybody without fees, he ought to have another 300 francs. (*Ibid.*, 5 Oct., 1701.) The additional 300 francs was given him; but, finding it insufficient, he wanted to leave the colony. "He is too useful," writes the Governor again; "we cannot let him go." His yearly pittance of 600 francs, French money, was at one time reinforced by his salary as member of the Superior Council. He died at Quebec in 1734.—*The Old Régime in Canada*, by Francis Parkman, vol. ii., pp. 168–169, note.

element which in the Indian sought for cures by charms and mystic ceremonies, and in the priest looked for them through the special intervention of saints, rather than by means of natural remedies. For the exercise of all the courage, strength, and skill which Jeanne Mance possessed there speedily came a demand in meeting the havoc wrought by the repeated incursions and attacks of the Iroquois. No moment was without peril, and there were times when the wards of the little hospital could not contain all the injured and dying who were brought to them, and it became necessary to make a ward of the corridor. As it had been the policy of the colonists from the beginning to win over the Indians by every available means, the hospital in the intervals of warfare was often a place where they were fed and lodged, and kindly treated.

Atironta, his wife, his grandson, and Jaques Archaro, Hurons, were lodging at the hospital; we furnished them a part of their provisions—wheat and eels; they supplied their wood. Complaint was made that they took the place of the sick there.[1]

If they could persuade any of them to be nursed, they were consigned to the tender care of Mlle. Mance; and if a party went to war, their women and children were taken in charge until their return.[2]

It is not surprising to find that such wholesale hospitality made alarming inroads upon the in-

[1] *The Jesuit Relations*, vol. xxvii., pp. 91–93.
[2] *The Jesuits of North America*, vol. ii., p. 86.

come of the institution, and Mme. de Bullion was turned to for more help. Her confidence in Mlle. Mance is nowhere more strikingly shown than in the terms of the gift (of 24,000 pounds), in which was laid down as a condition of her generosity that Mlle. Mance should remain administrator of the hospital until her death and should be fed and lodged there; and that after her death there should be established an order of nursing Sisters, who would serve the poor free of charge and not at the expense of the institution. And an able administrator Jeanne Mance proved, not only of the hospital, but of many affairs of the community. When she saw that interest in the colony was languishing in France she made a voyage across the ocean and by her enthusiasm aroused new energy in the *Compagnie de Montreal*, obtaining for her people the needed help. When owing to the continued attacks of the Indians their little band was being depleted, she knew that not only was a stronger garrison needed to defend it, but that it should be increased by more colonists. Therefore she gave a large sum of money to Maissonneuve to bring out a considerable body of soldiers and settlers, requiring from him, however, in return one hundred arpents of uncultivated land for the hospital. As the work of the latter continued to increase more help was needed and secured in the shape of three Sisters of the nursing order of St. Joseph de la Flêche, who had long been preparing for this work and

were awaiting their call. Among them was Judith de Brésoles, daughter of an illustrious family of Blois, who according to her biographer began at the somewhat unusual age of five or six years to exercise charity toward the unfortunate,[1] and apparently continued in every form of such effort open to her during her girlhood. At about sixteen years of age she left her luxurious home, and entered a nursing order to prepare herself suitably for her chosen work. She spent six months in a pharmacy, profiting so well by her lessons in chemistry that she is said to have surpassed her teacher. Later she was sent into a hospital, where she "served the sick" six or seven years. Upon arriving in Montreal she was soon placed at the head of the nursing force of the little community, taking the pharmacy in particular under her care, making with her own hands the greater number of utensils, and filling also the offices of dispenser, of cook, of seamstress, and of laundress. Many years later we have a pleasant glimpse of her cultivating a little garden where she grew many wild herbs and, with what she could remember of her early studies in chemistry, invented and prepared remedies which gained a high reputation through all the colony. Mère de Brésoles, as she was then called, appears to have been looked upon as something of a physician, and to have been consulted for varieties of maladies, for which she dispensed remedies freely, and suc-

[1] *Vie de Mlle. Mance*, vol. i., p. 188.

cessfully, in the opinion of the sufferers who had for her "une estime singulière."[1]

For many years the history of the Sisters was the history of the colony. All alike were desperately poor, all lived in fear of death, and were disheartened through dread of the terrible and apparently unconquerable Iroquois. While their needs grew greater, they had not yet reached a very productive stage, and money and supplies from France came in less frequently, as the first interest in the colony abated. "To give with one hand one must receive with the other," and the anxious Mother Superior murmured audibly that hospitals in France were supported by kings and princes and that holy persons maintained pupils at seminaries,—but "who thinks," said she, "of supporting my patient and providing him with linen and with bedding?" The clothing of the Sisters wore out and they had nothing with which to replace them, so they cheerfully patched them with any material to be found, and shared the amusement of their guests when it was impossible to decide of which material the habit had been originally made. The rough chamber in which they lived was hardly fit for human habitation; the snow drifted in through more than two hundred chinks in the walls, and one of their first occupations in the morning was to remove the snow with a shovel not only from their rooms but from the wards as

[1] *Vie de Mlle. Mance*, vol. i., pp. 200–201.

well.[1] "Their food froze on the table before them; everything froze, even the bread, which became as hard as rocks and had to be thawed out before the fire." It is possible that in the effort to carry their self-denial and self-mortifications to the extreme point some of this severity might have been voluntarily accepted; for in a country of limitless forests it is hard to think they could not have found wood enough to bring more warmth into their dwelling.

Under these and all other adverse conditions Jeanne Mance continued steadfast at her post, toiling patiently and bringing her wise and prudent judgment to bear upon every situation. The interest of the colony was hers, and its troubles were hers, and all that she could do to strengthen, support, and develop it was her duty and her joy. At times she seemed the mainstay of the entire colony; and when matters became too difficult to endure it was she who would make the long journey across to France, awaken the dormant memories and energies of those who had originally devoted themselves to the establishing of the new mission, and, securing money and supplies, come back to bring fresh hope and vigour to her beloved colony. Realising her robust strength of character, it is almost with a shock that one reads the story of her broken and badly set arm, which apparently could not be cured, and was for long a useless and painful member,

[1] *Vie de Mlle. Mance*, vol. i., p. 185.

but was instantly restored by touching the box in which lay the heart of the departed Abbé Olier. For this "medical aid" for her injured arm Mlle. Mance was obliged to return to France, and while she was there the ecclesiastical authorities at Montreal, wishing to strengthen and unite the religious orders, brought from Quebec two hospital nuns, with the idea of seeing that the management of the hospital in Montreal in her absence was placed in their hands. The historian relates that the good Quebec Sisters were received with cold politeness, and the hospital was not placed under their control. This question must have been of some importance, for it comes up again, and later the hospital Sisters of Montreal, in their desire for independent authority, were finally obliged to appeal to Pope Alexander VII., who constituted them a distinct order under their chosen title of Sisters of St. Joseph. By the end of the century the affairs of the community were on a comparatively stable basis, and the early, stormy years of the hospital gave place to less eventful ones as the colony grew in numbers and took on something of the aspect of the older civilisation from whence it sprang. The number of the Sisters grew from three to thirty; there were new and greatly enlarged buildings. The hospital, always a force and power in the colony, had grown into its very life, and the charity begun by private hands was now partly maintained by the French government.

The two following centuries tell the story of continued growth and of continued faithful work for the sick and for the general welfare of the people. When ships bringing soldiers brought also a frightful pestilence which spread through the whole city, the Sisters opened wide their doors until the patients filled the wards, filled the halls, filled their chapel, and finally the Sisters gave up their own dormitory to make place for them, nursing them with unwearied patience and devotion.

Following the conquest of Canada by the English and the revolution in France, all sources of hospital income ceased, and, in the general extreme poverty and misery which the unsettled state of affairs in the country induced, the Sisters shared fully. How, with no income, could they maintain their beloved hospital? One good Sister, the treasurer of the institution, prayed fervently, remained in deep thought for twenty-four hours, and then opened a bakery and was soon turning out some hundreds of loaves daily, selling them and applying the proceeds to hospital needs. "During thirty years Sister le Pailleur worked for her bakery."[1] Later this enterprising Sister started a new industry—that of soap-making. Sewing, making wax candles, and other lighter activities had always been carried on, but from these larger and more stable industries a considerable revenue was received for the hospital. Many years after this their claims in France were

[1] *Vie de Mlle. Mance*, vol. ii., p. 283.

looked into and a part of their lost funds recovered. It is impossible to follow up to the present day the work of the Hospital Sisters of St. Joseph, nor is it necessary. The spirit which carried the first members unflinchingly through the hardships and perils of the early years has lived on in the order—its most precious inheritance. It carried them beyond their cloister walls and into those long sheds at Point St. Charles, where in 1847 thousands of newly arrived emigrants were stricken with ship fever, and where through awful months they shared the heroic labours among the sick of the Sisters of Charity. It carried a small band of them many years ago into the leper settlement of Tracadie, to take up the burden of caring for those whose affliction is desolation. With his matchless powers of description, Parkman has placed before us a picture of these women which will stand for all time:

It is difficult to conceive a self-abnegation more complete than that of the hospital nuns of Quebec and Montreal. In the almost total absence of trained and skilled physicians the burden of the sick and wounded fell upon them. Of the two communities that of Montreal was the more wretchedly destitute, while that of Quebec was exposed, perhaps, to greater dangers. Nearly every ship from France brought some form of infection and all infection found its way to the Hôtel-Dieu of Quebec. The nuns died, but they never complained. Removed from the arena of ecclesiastical strife, too busy for the morbidness of the cloister, too much absorbed in

Figure of Jeanne Mance
From the Maisonneuve Monument in the Place d'Armes, Montreal, by Philippe Hebert
By permission of Little, Brown & Co.

practical benevolence to become the prey of illusions, they and their sister community were models of that benign and tender charity of which the Roman Catholic Church is so rich in examples.[1]

Overlooking the older, eastern part of the city of Montreal, at the foot of Mount Royal, stands the Hôtel-Dieu. It is an interesting, though comparatively modern structure, covering a large area. It holds about 280 patients, who are cared for by one hundred "professed Sisters." The portrait of the foundress meets you as you enter the door. Mlle. Mance died in the month of June, 1673, at the age of sixty-seven years. "That great servant of God, having lived to assure the establishment of the colony of Villemarie and of the hospital of St. Joseph, had asked that her body be buried in the Church of the Institution and her heart in the church of the parish as soon as it could be built."[2] Her wishes were carried out.

It is always to be remembered that Mlle. Mance herself never took the veil, believing that she could do better work for the community by keeping herself free from regular vows.

Other orders have been founded in Canada and other hospitals established whose history would well repay careful study. The Sisters of Charity (the grey nuns), in particular, have a long record of noble and far-reaching work

[1] *The Old Régime in Canada*, vol. ii., pp. 157–158.

[2] *Vie de Mlle. Mance*, vol. ii., p. 43.

which it would be a delight to tell. With the story, however, of the two older and typical Canadian foundations this account of the early Canadian nursing orders must close.

OLD SPANISH HOSPITALS IN MEXICO

Still older than these old hospitals of Canada are those dating from the Spanish occupation of Mexico. None remain from ancient times, though Bancroft in his *Native Races of the Pacific States of North America* says that in all the larger cities of ancient Mexico there were hospitals amply endowed, attended by physicians, surgeons, and nurses, and that the Mexicans had studied and practised medicine from ancient times. (Women physicians were common, and all the obstetricians were women.)

The stern conqueror Cortes built, prior to 1524, the hospital of the Immaculate Conception, which now stands in the city of Mexico. The site chosen was that where Cortes and his followers first met Montezuma and his chieftains, this land afterwards being bestowed upon Cortes by Charles V.

A miracle-working image presented later to the church adjoining the hospital gave to both the name of *Jesus Nazareno*. In his will Cortes explained that he had founded the hospital "in recognition of the graces and mercies that God had bestowed upon him by the discovery and conquest of New Spain, and as an exoneration

Guillermo Kahlo, photog.

For *A History of Nursing*

The Hospital of Jesus in the City of Mexico. Founded by Cortes before 1524
View of Eastern Quadrangle

or satisfaction for any forgotten fault or load which might weigh on his conscience and for which he could not make special or particular atonement." The nursing in the hospital was provided by a brotherhood under the patronage of the bishop.

After his death the endowment was administered by a superintendent and has continued to be under private management. It now belongs to the dukes of Terranova y Montaleone, Cortes's Italian descendants, who nominate and maintain an agent to supervise the hospital.

The second oldest hospital in America was that of "Santa Fé," founded in 1531 by a remarkable man who became bishop of Michoacan, and who supported it at his own expense, besides forming at Santa Fé a community of thirty thousand Indians who lived like monks, practising hospitality and all the works of charity.[1]

[1] We are indebted to Mrs. Zelia Nuttall for the information relating to the Spanish hospitals in Mexico.

CHAPTER XI

ST. VINCENT DE PAUL AND THE SISTERS OF CHARITY

A MORE troubled and unhappy period in the lives of the people of Europe, at any rate of those of the humbler classes, could hardly be found than those years during which Vincent de Paul exercised his long and arduous ministry. The horrors of the Thirty Years' War, the miseries at the time of the Fronde, the devastation caused by famine and pestilence following after and more terrible even than the wars, the tragedies of the galley-slaves of the Mediterranean, the destitution of the numerous religious refugees from England—these conditions formed the setting of his unceasing labours for the amelioration of human misery, conditions which might well have appalled even the armies of relief that were mobilised by his great organising genius and drilled and inspired by his devotion. To estimate correctly the heroic proportion of Vincent's work and the extraordinary simplicity of his character it would be necessary to make a study of his age and con-

Guillermo Kahlo, photog. For *A History of Nursing*

The Hospital of Jesus in the City of Mexico. Founded by Cortes before 1524
View from Eastern Quadrangle, looking west

temporaries—lay, political, and religious—quite impossible for the scope of the present book, but indispensable for the student. His simplicity was that of all truly great persons. His humility—one of his most striking characteristics—was equalled by his plain, abundant common-sense, and both were combined with the rare and moving eloquence of a powerful mind expressing itself from the sole standpoint of entire unselfishness. His humble birth, of good peasant stock [1] his plain and unprepossessing figure in its coarse and patched cassock, which he wore alike to the court of France and to the mission church; his countenance, not at all beautiful except for an "expression of rare humility, simplicity, and kindness" [2]; the deep melancholy which fell upon him for four years before he finally entered upon his work; his unmoved resistance to political pressure and influence; his refusal to defend himself against the calumnies which again and again assailed him; his courage before difficulties, and his close personal interest in the individuals for whom and with whom he laboured, cannot fail to inspire affection, admiration, and respect.

But we must pass over the incidents of his early life, his travels and captivity in Tunis, his interest

[1] The work chiefly followed in relation to Vincent is the *History of St. Vincent de Paul* by Monseigneur Bougaud; translated from the 2nd French edition by the Rev. Joseph Brady. Longmans, Green & Co., London, 1899.

[2] *Ibid.*, p. 3.

in the medical knowledge of his captor, and the romantic incidents of his second captivity, his visit to Rome and his mission to Henry IV., his parish work in a country district,—which afforded him the happiest time of his life,—his sojourn in the powerful and prominent de Gondi family, and his early missions—and come to his great works of organisation among men and women which have had so definite an influence from that time to the present day. In Paris, he had settled purposely near La Charité (which Evelyn commended for its admirable care of the sick), and asked as a favour from the Brothers of St. John of God who were taking charge of the nursing that they would permit him to come and assist them in the hospital. As the Brothers were few in number (for their order had but recently extended from Spain into France) they were helped in the nursing by volunteers—"lords, noble ladies, priests, and even bishops"—who came daily to attend the sick. Hither also came Vincent every morning to dress wounds and to wait upon the patients. It was in the little parish of Châtillon-les-Dombes that his first organised charity was started. Having been asked to speak in church of a poor and needy family of which all the members were ill, he found afterwards that many persons had gone to relieve them. "Behold," said he, "noble but ill-regulated charity. These poor people, provided with too much now, must allow some to perish and then they will be in

want just as before."[1] He went to two ladies, one of whom had told him about the family, and asked them to assist in bringing together a group of well-disposed women. "I suggested to them to club together to do the needful every day,—not only for this family, but for others that might turn up in the future. This was the beginning of the Association of Charity."[2] With good sense he watched the work of this group for three months before finally organising them, and then framed a simple constitution, under which each member had a vote, and any Christian woman, married, widow, or single, who had the consent of her parents or husband, could join.

This Association of Charity was more like a modern church society than any previous form of charitable activity. The members elected from among themselves a president, an assistant, (vice-president), and a treasurer, who held office for three years. Some faithful layman or member of the clergy was to be the bursar, and the work was under the general supervision of the parish priest. No vows or promises of any kind were made, the members simply acting under the adopted regulations. The association at first comprised a membership of eleven women. The first meeting was held in the church; Mlle. Baschet was elected president and Mlle. Brie treasurer. The report of the meeting, dated Dec. 8, 1617,

[1] Bougaud, *op. cit.*, vol. i., p. 64.
[2] *Ibid.*

was signed by Vincent de Paul, who himself desired to hold no office, but only to appear as the advocate of the poor. The rules were approved by the archbishop of Lyons. Very quaint and practical were the directions for the work of the members:

The Ladies of Charity shall visit only those whose cases have been examined and passed upon by the president, assistant, and treasurer. . . .

The lady who visits shall get the nourishment from the treasurer, cook it, and, bringing it to the invalids, cheerfully and kindly salute them on entering their apartments. She shall arrange the tray on the bed, spreading a napkin over it, and placing on it a glass, spoon, and bread-roll. Next she shall wash the sick person's hands, say grace, and then having poured out the soup and put the meat on a plate she shall arrange all on the tray. She shall kindly invite the sick person to eat . . . doing all in a spirit of love, as if dealing with her own child. . . . She shall try to cheer the invalid if downcast, cutting his food and pouring out the drink. Thus having set things going, if there is any one at hand she shall leave the rest to him and go on to the next sick person, whom she shall treat in the same way. She shall remember always to begin with those who have some one to help them, and to finish with those who have no one, so as to be able to remain a longer time with them. In the evening she shall return with the supper, and go through the same arrangement as before. Each invalid shall receive as much bread as is necessary, with a quarter of a pound of mutton or boiled veal for dinner, and as much roast for supper,

except on Sundays and feasts, when boiled chicken shall be given, and two or three times a week minced pie. Those who have no fever may get a pint of wine every day, half in the morning and half in the evening.

And since the object of this institution is not only to assist the poor corporally but also spiritually, the members shall endeavour to make it their aim to dispose those whom they succour to lead better lives, and prepare for death those who are dying, directing their visits to this end, and frequently asking God in prayer for this object. The dead shall be buried at the expense of the association, the ladies obtaining a shroud and purchasing a grave if the deceased has no means. They shall assist at the funerals if convenient, acting as mothers who follow their children to the grave.[1]

Among the most active members of the young association were Mlle. le Gras, "so wise, so prudent, so capable," and her friend Mlle. Pollalion, who was more confident and decisive than she; there was Mme. de Lamoignon, who was called the "Mother of the Poor" (so that when she met Vincent on the street people would say "See the father of the poor going to see the mother of the poor"), and Mme. de Miramion, who had wished to become a nun but had been dissuaded from this step by Vincent. A special ward in the Hôtel-Dieu for old infirm priests had been her gift, and during the famine of 1651 she fed over 2000 people daily. She became the head of the rapidly growing Association of Charity, which Vincent

[1] Bougaud, *op. cit.*, vol. i., pp. 67–68.

meantime was indefatigably extending to other towns and provinces. At first all the branches were composed of women, but later on he founded a branch for men at Folleville. Of the men he expected more in the line of prevention; his ideal was to suppress professional mendicancy, while assisting all of the really needy.[1] He divided the poor into three classes—first, those who could not earn: children, the aged, cripples, the sick—to these the association was to give everything necessary; second, those who could earn half their support—these were to receive the other half; third, those who could earn one fourth—these were to obtain the other three fourths from the society. Outside of these all who were able to work must not be allowed to beg, and to this end the order enlisted the co-operation of the mayors and councils of the various cities in securing ordinances forbidding begging and recommending the public not to give desultory alms. Vincent established night refuges for tramps, farm colonies, and town workshops where trades were taught. His plans for suppressing mendicancy, which at that time was a public pest, appealed to the intelligent public, and in a very short time officials in all the towns were trying to introduce this reform according to his directions.

[1] Feillet says Vincent was not actually the first founder of organised charity, but that a magistrate of Rouen, Charles Maignart de Bernières, long forgotten, had anticipated this part of his work.—*La Misère au temps de la Fronde* (1862), pp. 226–228.

J. Settegast F. Schafer, Paris F. Keller

Saint Vincent de Paul

These emphasised: (1) the separating of the sick from well paupers; (2) the entrusting of the sick to women who would visit and comfort them; (3) the supplying of work to the able-bodied; (4) provisions for teaching trades to young people; (5) the giving of alms to those who were unable to work. His statesmanlike plans were, however, opposed by certain jealous officials, one of whom, the Lieutenant of Beauvais, entered a formal protest in which he complained that a certain priest named Vincent had in the past fifteen days caused to be assembled a large number of women, whom he had persuaded to join an association, in defiance of the law that forbade any one to suggest or to establish any society without having obtained the king's letters-patent. The protest further stated that about three hundred women had joined and that they were meeting frequently to perform their duties, which ought not to be tolerated. It does not, however, appear that either the king or any higher officials paid any attention to this complaint.[1]

Vincent was occupied in this kind of work from 1617 to 1621. He next took up the rescue and relief of the galley-slaves. This mission, which alone would have been enough to fill the time of many a man, we must pass over, only mentioning that in order to return a certain young galley-slave to his family, who bitterly needed him and from whom he had been cruelly torn,

[1] Bougaud, *op. cit.*, vol. i., pp. 85, 86.

Vincent himself took the place of the escaped prisoner, and served as a galley-slave until his identity was discovered. After his return to Paris, against his wish he was placed by Anne of Austria upon a council to select fit men for positions in the church. But he was soon again deep in his charity organisation work, forming a Paris assembly of Dames de Charité, on lines similar to those of the associations which had been established in the provinces. This assembly, however, had begun in quite an unpremeditated way, and had not arisen from the direct initiative of Vincent; neither did he or the ladies at first dream that, as an outcome of their organisation, there would develop the now world-famed order of the Sisters of Charity.

The initial steps had been taken by Mme. de Goussault, an admirable woman, possessing intellect, prudence, and common-sense, who had long been one of Vincent's right-hand helpers in his works of charity, and with whom he had been wont to consult on many matters. Her share in bringing about reforms in hospital management was a forecast of the work of women in the nineteenth century. She often visited the Hôtel-Dieu, where she had a friend among the nuns, and on her visits there she saw so many disorders and abuses calling for remedy that she finally went to Vincent to engage his co-operation in attempting some reform. He hesitated about interfering in the management of the hospital, but

Mme. de Goussault was determined that something should be done, and would not let the matter rest. She went to the Archbishop of Paris and obtained from him a letter to Vincent, giving him authority to organise a definite and systematic visiting service for the great hospital. Following this a meeting was called at the house of Mme. de Goussault, and the Dames de Charité were successfully launched in Paris for active public service. Their work, as first outlined, consisted merely in visiting the hospital. Four members were to go daily in rotation and ask permission of the Augustinian Sisters to help them in their wards. From this developed an extensive relief service; the ladies eventually renting a room in the vicinity of the hospital where they prepared special diets and made garments and comforts for the sick, and these supplies were regularly distributed. Allied interests crowded rapidly upon them, and the assembly, somewhat after the fashion of the modern women's club, soon took up various departments of work. A prominent and very successful section devoted itself more especially to work among prisoners. Another section was charged with rescue work among young girls; another took care of a hospice for aged couples. But above all other interests came the care of foundlings, so closely associated with the name of St. Vincent de Paul. Charlotte de Ligny, a friend of Mme. de Goussault, gave the association a house and supported it at her

own expense. This work began in 1634. Vincent, as was always his custom, was not desirous of ruling or holding a prominent place; he made no demands, asked the women's advice, brought them information about cases, and kept careful notes of points for investigation: "whether that man has anything to live on; has he children, and how many?" But in their regular meetings he electrified and melted the most worldly by his simple and touching addresses. It was by his advice, too, that the members met at one another's houses in different parts of Paris, in order to reach more people than would come to one place. "Lay off your jewels and fine clothing to visit the poor," said Vincent, "and treat them openly, respectfully, and as persons of quality, avoiding all familiarity or stiffness. To send money is good, but we have not really begun to serve the poor until we visit them."[1]

The associations in the provinces were still active, but sometimes ill-regulated or ineffective, and Vincent sent specially able women from Paris to make provincial tours in order that they might stimulate, organise, or reorganise the branches. In these towns they always visited the hospitals, which were often in a deplorable condition. Feillet gives a lamentable picture of the general state of institutions at that time. Their revenues were often corruptly turned from their original purpose to enrich privileged persons,

[1] Bougaud, *op. cit.*, vol. i., p. 250.

and almost every town in France had a lawsuit pending with some monastic order over mismanaged property intended for the poor.[1]

Thus at Orleans Mad. de Goussault found the hospital rich, but in consequence of the small number of Sisters the patients were left to the care of servants, while the hospital at Blois was badly organised and was not visited at all. But now the visiting work was reaching a point at which the Dames de Charité did not cover the whole ground, and the urgent needs of the sick and the poor impressed themselves upon the minds of Vincent and his aides. It was often the case in Paris that social obligations, fear of infection, or the husband's veto, prevented the highborn dames from personally making their visits to the sick, and they would send their servants to perform their vicarious duties. But Vincent knew that this was but a poor and uncertain method, and that the work would certainly suffer unless there were some specialised workers, of humbler grade perhaps, but more reliable. In the provinces and rural districts the women did their duty faithfully, but in the capital many were not to be depended upon. He pointed out that the towns and villages were full of good, simple girls not inclined to convent life and not all likely to marry; that he himself knew hundreds such; why could not they help in

[1] *La Misère au temps de la Fronde*, Paris, 1862, pp. 214–216.

this work? Soon he had certain ones appointed to certain parishes. They at first lodged with the Dames de Charité and visited the poor and the sick during the week, meeting on Sunday in the church of Saint Lazare to hear a discourse from Vincent dealing with their duties. So informal and so natural was the advent of the Sister of Charity. "Oh, mon Dieu!" said Vincent afterwards, "How can it be said that I founded the Sisters of Charity? I did not even think of it, nor did Mlle. le Gras."[1] It is possible that Vincent's humility on this point does not do full justice either to himself or to his noble coworker, to whose share in creating the Sisters of Charity we must now turn. It does not seem quite certain that Mlle. le Gras had never thought of what might be done along such lines, though doubtless neither of these two unselfish workers ever dreamed of the scope their effort might attain.

Louise de Marillac was born in 1591, in Paris, of good though not of noble family. Having early lost her mother, she was taken by her father to be reared by her aunt in the convent at Poissy, a splendid abbey, a gem of sumptuous architecture, grouped in buildings like a small city and surrounded by a large estate. The abbey had been founded in 1301, and was rich in its associations of royal and famous nuns. The Sisters of Poissy were deeply learned in the classics.

[1] Bougaud, *op. cit.*, vol. i., p. 266.

One of them, Anne de Marquest, was held to be the foremost Greek scholar of her day, and their young pupils were taught Greek and Latin, art and literature. But the atmosphere was too worldly and brilliant to please M. Marillac, who was austere and devout. At an early age the little girl was brought home and given private teachers, her education being finished under her father's care. He desired that she should be taught "like a man, and also like a woman," and therefore saw to it that she was grounded in philosophy, as a cultivation of her reason and as an introduction to the most advanced sciences.[1] He also gave her a thorough training in painting, which she never quite abandoned. Louise was by nature fervent and docile, inclined to austerity, and her training had strengthened her deep piety. When she was quite a young girl she longed to join the Capucines, whose rule was of the severest, but she was dissuaded from this step by a wise and good Capucin father, Père Honoré, for she was of frail physique, and he told her that God had other purposes for her. After her father's death her relatives persuaded her to marry, and being of a clinging and dependent nature, she acceded to their wishes. Her husband, Antoine le Gras, belonged to a good and plain bourgeois family, and therefore, as the title Madame was only given to noble ladies, she continued to be called Mademoiselle and has always been thus

[1] Gobillon, *La Vie de Mlle. Legras*, 1676, p. 7.

known among the Sisters. Her married life recalls that of St. Elizabeth. Her husband was good and tender-hearted and kind to the poor. Louise loved him and was happy in her domestic cares, which she augmented by an untiring devotion to all the poor and sick of her neighbourhood. She now associated with her a group of women, and they made visiting nursing their chief interest. She had no fear of contagion, nor did filth and squalor deter her from all kinds of personal service, such as bathing those afflicted with the plague and laying out the dead. "Already," says Gobillon,[1] "as she later recorded in writing, she had conceived the thought of a company of women to serve and nurse the poor." Her husband died in 1625, leaving her a competence, and she then vowed herself to widowhood and good works. Sometime after this mutual friends made her known to Vincent, whom thereafter she steadfastly almost worshipped for his goodness, and under whose direction she placed herself unreservedly for practical work. He, on his part, checked her emotional nature with wisdom and kindness, balanced her leanings toward asceticism with his wholesome common-sense, and occupied her to the full with responsible and important duties for which her superior qualities of mind, unbounded zeal, and fine administrative ability fitted her. In her fervid self-renunciation she wanted to deprive herself of her modest fortune

[1] *Op. cit.*, p. 188.

and live a life of complete poverty, but Vincent would not allow her to do this. "Be careful of your health," he wrote her, "and be careful not to overdo: it is a trick of the devil, by which he deceives good souls, to entice them to do more than they can, and so make them unable to do anything at all." Again he tells her: "Be cheerful, and do what you have to do with a bright spirit." Mlle. le Gras rapidly became Vincent's chief aide and co-worker in developing the organised charities. Between 1629 and 1631 she travelled almost constantly, supervising and directing the work in the provinces; usually accompanied by another lady, she went on horseback or in carriages from village to village. It was natural that she should from the first have had the closest relations with the hospital visiting, and when the first "Filles" were selected to assist the "Dames" it was she who gave them their practical instruction. As they grew in number, it was she who first vividly realised the necessity for systematic training and uniform standards in their duties, and she offered with ardour to devote herself entirely to this work, but Vincent, always careful, waited long before taking action. It was, however, soon evident that there must be a central home and a directress to frame an ideal standard and guide the young Sisters to it. Hitherto, fresh from their villages and having had the advantage of only a brief initiation from Louise, they had been placed in different parishes;

but, little accustomed as they were to the care of the sick, with no one to supervise them intelligently, no one to advise and instruct them, and no rules save the admonitions of Vincent and Mlle. le Gras, it is no wonder that they sometimes failed in their duties, but rather that they did so well. Nor were the Dames, though willing, able to teach them methods or to bring their nursing up to a high standard.

Finally Vincent chose a house, low and small, with a dark hall and two little windows, and on the 29th of November, 1633, Mlle. le Gras with four or five Sisters took possession of it. The little house was still standing in 1894 in the Rue Cardinal Lemoine, bearing the number 43, and occupied as a stationer's shop. This was the cradle of the Sisters of Charity. Louise desired to dedicate herself by a vow to the work, and four months after their installation in the home Vincent allowed her to do so. On the 25th of March, 1634, she thus dedicated herself, and this is a memorable day for the Sisters all over the world; for on this day, as it recurs annually, every Sister of Charity becomes free to return to the world, to marry, or, as most do, to renew her vows for another year. The applicants were first called by their baptismal names. "As to Marguerite," wrote Vincent in his note-book, "it will be well to take care of her." His notes on them are homely and practical.[1] "Yesterday one came

[1] Bougaud, *op. cit.*, vol. i., pp. 267–268.

Le Vray portrait de Mad.elle le Gras,
fondatrice et premiere Superieure des filles
de la charité servantes des pauures mala-
des, decedee a Paris le 15. Mars 1660.

From *La Vie de Demoiselle le Gras*, by Gobillon, 1676

who seems very uncouth. I have not inquired whether the one from Ardennes can read or sew; I very much doubt whether she will be satisfactory." Later on he speaks of them as Sisters.

Among these simple peasant girls were characters of extraordinary force and beauty. One of the first Sisters was Marguerite Nazeau, a young shepherdess who had taught herself to read by asking the passers-by, when they looked like educated people, how the letters and words were pronounced. By the same slow, patient methods she had learned to write, and she then collected all the children of the village and taught them all that she had learned. Later, obeying an impulse that she perhaps could not have defined, she began to travel from village to village, often suffering hardship and always in the face of ridicule, teaching wherever she went. On one of his tours Vincent met her and at once recognised a rarely devoted spirit, and Marguerite, hearing of the new work, offered herself to Mlle. le Gras. She laboured as a Sister of Charity with great love and zeal, in three parishes, and finally gave up her life for her patients. Finding, one day, a woman dying of the plague upon the high road, she took her to her own lodgings, and put here in her own bed. The patient died, and Marguerite, feeling her strength succumbing to the poison of the infection, went to the hospital St. Louis, and died there.

Vincent was determined that the Sisters should

not become religious in the monastic sense. He had seen the visiting nursing order planned by Mme. de Chantal fail of its purpose because the clergy would not tolerate its voluntary and secular form. He knew that the work of a visiting nurse was absolutely incompatible with solemn vows, enclosure, hours of religious exercises, and complete subordination to the clergy. He meant his nurses to do practical work. They already wore the picturesque dress of the ordinary people,—the grey-blue rough gown with the white headdress,—and he intended that they should remain unaffected, willing, and ready helpers, able to go anywhere and do anything. Wise and sagacious man that he was, he decided to make his demonstration before he made his rule, and before formal recognition of the Sisters should be sought. Public opinion was to be educated before the objections of king, aristocracy, and church could be modified. For nine years he taught the Sisters his principles and views, and Mlle. le Gras trained them for their work and appointed them to it, before he allowed any of them to promise themselves, even for a year, and almost twenty years went by, and he was nearly eighty, before he gave them a definite constitution. He said to them:

It was thought proper at first that the name Association should continue, fearing that if, instead of it, you were to be called a Congregation, there might be some among you who in some future time would wish to change the house into a cloister and become

a religious order as the Daughters of St. Marie have done. . . . My daughters, you are not "religious" in the proper (monastic) sense, and if there should be found some marplot among you to say "It is better to be a nun," ah! then, my daughters, your company will be ready for extreme unction. Fear this, my daughters, and while you live permit no such change; never consent to it. Nuns must needs have a cloister, but the Sister of Charity must go everywhere. . . . No other monastery than the house of the sick, no other chapel than the parish church.[1]

He wished them also to retain their secular dress, and when it was suggested that they should have a veil, Vincent answered, "Modesty is their veil." He asked them only to bind themselves by a vow from year to year. "Perhaps [says Bougaud] if he had been free he would have required none and so have allowed their devotedness full liberty."[2] To warn them he said: "You are not 'religious' in the strict sense, and can never be, because of the service of the poor. You must, therefore, be even holier than nuns, since you have greater temptations and less security; if you are not truly holy you shall certainly be lost"; and again: "You have no grating to shut you off from the dangers of the world; you must erect one in your own inner self, which will be far better."

Vincent wished the Sisters to be instructed, and in order that they might be more adapted for their

[1] *Conférences de S. Vincent de Paul aux Filles de la Charité.* 2 vols. Paris, 1881. [In the National Library, Paris.]

[2] *Op. cit.*, vol. i., p. 309.

work he wanted them to be able to read, write, and do a certain amount of arithmetic. On the medical side of their duties he was as wise and liberal as on all others, and one can only wonder at the short-sightedness of some of his successors who appear to have tried, so far as possible, to undo his work. It is possible that the French hospitals might have had quite a different history had the principles and sagacity of a Saint Vincent de Paul always been present in them, and if a Mlle. le Gras had been kept at the head of the nursing Sisters and their work. Perhaps even laicisation itself, the logical and inevitable result of cramping interference, might have been long delayed or even unheard of.

You should act, my Sisters [said he], with great respect and obedience toward the doctors, taking great care never to condemn or contradict their orders. Endeavour, on the contrary, to fulfil them with great exactitude, and without ever presuming to prepare the medicines according to your own way of thinking. Punctually follow what they have prescribed, both with regard to the quantity of the dose and the ingredients of which it is composed, because upon this fidelity and exactness depends nothing less, perhaps, than the life of the patient. Respect the doctors, not only because they are more learned and enlightened than you, but because God commands you in the Holy Scriptures to do so in the following words: "Honour the physicians, for the need thou hast of them." . . . You are ignorant of the reasons they have for pursuing different methods in

the treatment of maladies which seem to you to be the same. You must endeavour particularly to observe and remember their methods of treating the sick, so that when you will be in the villages, or some place where there is no doctor, you may render yourselves useful by applying their methods. You ought, therefore, to instruct yourself, so as to know in what case it is necessary to bleed from the arm or from the foot; what quantity you should take on each occasion; when to apply the cupping-glasses. Learn also the different remedies to be used in the various kinds of diseases, and the proper time and manner of administering them. All this is very necessary for you, and you will do a great deal of good when you are well instructed in it. I think it very essential that you should have some conferences with one another on this subject in the form of catechism.[1]

Do without delay whatever regards the service of the poor, and if, instead of making your meditation in the morning, you have to carry the remedies to the sick, go in contentment and peace. What a consolation for a good Sister of Charity to reflect and say to herself: "Instead of making my meditation or spiritual reading I go to assist the sick poor who need my care so much, and I know that this action will be most agreeable to God." [2]

[1] *Conférences*, p. 55, vol. i.
[2] *Ibid.*, pp. 193–194, vol. i..,

To Mlle. le Gras is due the preservation of St. Vincent's addresses to the Sisters. She, assisted by one of her aides, took notes of them all, and wrote them out, preserving jealously their simple eloquence and lucidity. They have

His fervent piety, simplicity, and loving heart, with Mlle. le Gras's devotion and able teaching and administration, attracted numbers of applicants. The house was soon too small, and a new one was purchased in 1636 near the Chapel Saint Denis and near to Vincent's abode. A short time after Mme. de Goussault, always their stanch friend, fell ill and died. Before her death she said to Vincent, speaking of the Sisters: "If you only knew how much I think of them. Oh, they will do great things." "Yes," said Vincent, "providing they are faithful." [1]

How arduous and unremitting Mlle. le Gras's task was, only those who have built up a similar work can know. The first call to take full charge of a hospital service came from Angers, in 1639, and was the source of deep gratification to the friends of the Sisters, for now the experimental stage seemed to have passed and a solidity of organisation to be assured. The call had come as a result of the efforts of Mme. de Goussault, who was especially interested in the hospital and anxious to see it benefited as the Hôtel-Dieu in Paris had been. Mlle. le Gras herself conducted a group of Sisters to the new field and stayed there three months with them, organising, systematising, and

been printed privately and are in the Bibl. Nat., Paris. See *Mademoiselle le Gras*, by the Countess de Richemont, Paris, 1894, from which the material relating to Mlle. le Gras has been chiefly taken, p. 301.

[1] Bougaud, *op. cit.*, vol. i., p. 293.

Sœur de la Charité

Helvot, *Les Ordres Monastiques*, etc.

training them in their duties. When she finally, full of solicitude but of hope also, left them to themselves, so well disciplined were they that, not long after, they went through a siege of pestilence in perfect order and without flinching. The regulations that she drew up for their daily routine were strict enough. Admire her goodness as we may, one must wish she had allowed the Sisters a little more for breakfast. They rose at four A.M., and at six, after having had "a little bread with a taste of wine, and on communion days the odour of a little vinegar," [1] they went to the wards, made the beds, put everything in order, gave the medicines, and served the breakfasts. During the day they were to be most watchful that the patients had every care; nourishment was to be given them at fixed hours; they were to have drink when they were thirsty, and something fragrant and cleansing for the mouth. The Sisters had also definite religious responsibilities toward the patients, instruction to give, and prayers to read in the wards. The patients were to be ready for the night at seven o'clock, and the Sisters retired at eight, leaving one of their number, in turn, on duty for the night. The regulations[2] under which they were contracted to the hospital have served as a model for many subsequent nursing institutions, both of a religious and secular character. In general discipline and

[1] Richemont, *op. cit.*, p. 176.

[2] *Ibid.*, pp. 171–174.

in spiritual things they remained subordinate to the head of their order, and might in no way be interfered with as to their rule, which obliged them to put the care of the sick before all else. In everything that concerned the practical work of the hospital, they were completely under the orders of the hospital authorities, and were bound to rigid obedience. They alone were to have charge of the patients, and in this no one was to be associated with them. (This stipulation probably had reference to other Sisters, and not to servants.) Their dress was not to be altered, and they were not to be sent to care for patients outside of the hospital. In the hospital, they were responsible only to the administration; if a nurse proved unsatisfactory the hospital could, after a fair trial, and due notice to the Motherhouse, request a change of Sisters at the expense of the hospital. The authorities of the hospital were to uphold the dignity and authority of the Sisters in the wards; they were not to reprimand or find fault with them publicly, but if they required correction, they were to speak to them privately. The hospital was to care for them in illness, and in all things they were to be treated as "daughters of the house" and not as hirelings. The Motherhouse reserved the right to recall or change the Sisters at its good judgment. All these provisions for avoiding the friction of two authorities were most carefully thought out and minutely specified by Mlle. le Gras, who foresaw

well the difficulties that might arise between the hospital and the Motherhouse, and after all the details were agreed on a contract was signed in February, 1640, binding both parties. Later a group of Sisters was in a similar way installed in the hospital at Nantes, where Mlle. le Gras again in person regulated and started the new system.

It seems strange, although after all it is only the way of the world, that the Sisters sometimes encountered opposition and even hostility. At one time, when Mlle. le Gras was taking a group to a hospital they were turned away from an inn. Unfriendly influences sometimes interfered with their hospital work. Difficulties arose at Angers, and certain members of the administrative body imputed to the Sisters a desire to rule the house. At Nantes so many troubles arose that Mlle. le Gras, prevented by ill-health from going herself, sent one of her ablest Sisters, Jeanne Lepeintre, who, instead of being able to smooth out the difficulties in a short time, was obliged to remain there for six years. On the one hand, the hospital authorities continually violated the terms of the contract and demanded services which the Sisters should not have been required to give; on the other hand, the bishops, not understanding the nature of the Sisters' work, attempted to impose the features of a strict religious order upon them; and finally, the municipality sometimes accused the Sisters of mismanagement and of injuring the prestige of the hospital. During all

this trying period Vincent and Mlle. le Gras exhibited the most unwearied patience and strove with every weapon of goodness to straighten out the tangles. Imputing no blame to their opponents, and exhibiting no resentment, they finally restored peace. At least forty letters of Mlle. le Gras are still in existence, written during this trying time to Sister Jeanne Lepeintre. These give a graphic picture of this time of difficulty, so often duplicated in hospital history.

A different and singular disturbance nullified the Sisters' usefulness in the hospital at Mans, where they had been placed under hopeful auspices. The rumour was spread through the village that all postulants (probationers) who joined the Sisters' Company were to be sent to the colonies in Canada, and it was even whispered that, to spread the Gospel, they were to be married there to the Indians.[1] So loud and threatening grew the gossip that Mlle. le Gras withdrew the Sisters. M. Portail, writing to her after the event, said of them: "Had they done nothing else here but give an example of quiet serenity in the midst of storms, the time and expense would not have been wasted."[2]

At the end of nine years Vincent, "always prudent, and an enemy of haste," chose four Sisters to make their first vow for one year. Sister Barbe Engiboust, a farmer's daughter, and

[1] Richemont, p. 219.

[2] *Ibid.*, p. 220.

Sister Jeanne Dallemagne were two of the four. The names of the other two are not known for certain, but it is thought probable that they were Sister Anne de Geunes, who was of noble birth, and Sister Marguerite Laurence. In 1655 Vincent finally put in writing the rules under which the Sisters had been working, and which had been at the outset framed by Mlle. le Gras and slightly modified by himself. The applicants were to be of respectable parentage, irreproachable character, good health, not over twenty-eight years of age, and must not have lived in domestic service. Their probation time consisted of about two months residence in a house under observation and teaching, followed by a longer period of seven or eight months in the seminary, where the time was divided between manual occupations and religious exercises.[1] Five years, in all, were required, in every case, before the Sister was permitted to take her first vow, but Vincent de Paul was unwilling that this time should be called a noviciate, because of his desire to avoid all appearance of conventual forms. They were to be known as the servants of the sick poor; they were not to be sisters or nuns in the strict sense; they were not to make perpetual vows, but only for one year at a time. They were to wear their secular dress, and not to have special chaplains or confessors. Mlle. le Gras was to remain their head during her life, but after that the Sisters

[1] Richemont, *op. cit.*, p. 314.

were to elect a superioress every three years from among themselves, who might be re-elected once but not oftener. The clerical head of the Sisters was to be the Superior General of the Congregation of the Mission. This was Mlle. le Gras's earnest plea and she persuaded Vincent to make this request, which Cardinal de Retz granted. Even already there had been in various quarters much opposition to and disapprobation of the freedom and flexibility of the system on which the Sisters were established. But now, fortunately, they had made themselves so indispensable in this twenty years of demonstration, that to unmake them would have been an absurdity and an impossibility. Even as the Béguines, four hundred years before, had firmly intrenched themselves in the favour of the people by their practical, useful lives, so by this time the Sisters of Charity had made themselves secure in the hearts of all who had witnessed their devotion and skill. In these twenty years they had multiplied to fifty Mother-houses, and their services were sought for from all sides. The bishops of all the large cities wanted them for parish and nursing work. They had practically everywhere replaced the Ladies of Charity, some of whom had entered the order, and they had been called to Poland and Madagascar. In spite of all conservative opposition they were clamoured for in the hospitals of many provincial cities, and finally were placed in five or six of the large hospitals of Paris. St. Vincent's joy and gratitude

were unbounded. The ministrations to the galley-slaves, which had until now been undertaken by the Dames de Charité, were also given over to the Sisters, and the care of the foundlings, which had been growing in extent until the great Foundling hospital had been established, would long since have died out had not the Sisters been ready to devote themselves to it. In 1645, at the request of the *Bureau des Pauvres* Mlle. le Gras had taken charge of the *Petites Maisons*,—the asylums for the insane.[1] Now, too, the Sisters began that fearless and merciful service in the battle-field which has endeared them so especially to the French nation and which has brought them military honours and homage. They were called to Sedan in 1654 and to Arras in 1656. "O Sisters," said Vincent, "men go to war to kill one another, and you go to repair the evils which they have done. Men kill the body, and very often the soul, and you, you go to restore life, or at least by your care to assist in preserving it!"[2]

The remaining years of Mlle. le Gras were spent in extending and strengthening her army of workers, for whom so many calls came now that she was unable to meet them. Not the least admirable of her gifts was the economical ability with which she conducted the financial affairs of the community, for, although the Sisters brought no dowry, in all the extensions of their activity

[1] Richemont, *op. cit.*, p. 236–238.

[2] Bougaud, *op. cit.*, vol. ii., p. 115.

there was no debt, and the business basis was sound and stable. Her remarkable ability as an administrator was supplemented by an unusual insight into character—that necessary quality of a leader. So keen was her perception in judging human nature that she herself regarded it as a fault, as leading to a too critical severity of judgment. But many prominent men availed themselves of her acuteness in this respect to ask her advice. In appearance Mlle. le Gras was rather tall, with regular features, and an air of graciousness and unconscious dignity. By nature fervent and ardent, she accused herself of impulsiveness, but the Sisters loved this quality in her for the enthusiasm it gave her whenever they had anything encouraging to report. Most fortunate for the work was it that Vincent's temperament was always so moderate and sane. By his influence she overcame a natural inclination to sternness and appeared always "simple, gay, and cordial." Thus that union of strength with sweetness was impressed upon the Sisters which has remained stamped upon them. The teachings of both Vincent and Mlle. le Gras reiterated constantly this ideal. They were to be strong and stout of heart, of a courage that acknowledged no difficulty, but of a suave and gentle demeanour. No constraint or affectation was to appear in their manner; they were not to go about with eyes entirely cast down, lest this might repel some to whom they were sent, and Vincent de Paul told them that

Sisters of Charity Dressing a Surgical Case
Les Edifices Hospitaliers, C. Tollet, 1892

they would do their patients the greatest good by a manner of modest gayety. Serenity of visage, smiles and kindly words, a readiness to oblige and to receive suggestions from one another, were the qualities held up for their imitation. "Our dear virtue, cordiality," wrote Mlle. le Gras to Sister Jeanne Lepeintre, and the trio of admirable characteristics were "confidence, simplicity, cordiality."[1] Poverty and humility were also to Vincent and Mlle. le Gras of fundamental importance, and she was most anxious that this character of frugality should be maintained by the community after her death. "For the company to survive it must remain in all things poor and humble," she wrote. Naturally, for each sister remaining in the order, a life-long maintenance, with loving care in sickness and death, was assured. Mlle. le Gras died in March, 1660, and Vincent de Paul survived her only until September of the same year.[2]

All of the saint's greatest works of organisation and reform (many of which, as being outside the scope of this study, we have not even mentioned) had been undertaken after he was fifty years of age, and it was said of him, "This man, who was to do so much, never hurried." Like other great teachers, the principles which he laid down are as

[1] *La Vie de Mlle. le Gras*, by Gobillon, 1676.

[2] The house where Vincent was born is still to be seen at Dax, in the Department of Landes, and the parish church at Pony is full of his relics. Bougaud, *op. cit.*, vol. i., p. 5.

fresh and true to-day as when he spoke and wrote, nor has society gone far beyond his conceptions of social reform. He held that it should be possible to abolish poverty. In a well-organised town or city there should be no poor. The protection of children also occupied a large part of his attention. "They shall see that the children go to school," he said. To avoid the separation of caste, to visit and know others through personal interest—these were his rock principles. That his ideas were actually revolutionary is indicated by M. Feillet (*La Misère au temps de la Fronde*, p. 53), who points out that, in the society of that day, misery and poverty were regarded as punishments for original sin and it was considered impious to interfere with them. The only permissible alleviation was through the charity of the rich, and resignation (on the part of the sufferers) was taught as a religious duty by those more fortunately situated. The best-known and most beautiful of his words relating to the Sisters are even as yet not too well known, and will bear constant repetition:

> Their convent must be the houses of the sick; their cell the chamber of suffering; their chapel the parish church; their cloister the streets of the city or the wards of hospitals; in place of the rule which binds nuns to the one enclosure there must be the general vow of obedience; the grating through which they speak to others must be the fear of God; the veil which shuts out the world must be holy modesty.

The subsequent history of the "Filles de la Charité" has been marked by an almost unbroken growth and activity. The days of the Revolution were hard for them, and a branch called the Sœurs de St. Vincent de Paul separated from the Filles de la Charité, but Sister Duleau, who was then at the head, displayed consummate generalship and courage, and brought the scattered communities together again. The consular government in 1801 passed a decree friendly to them, and restored some of their departments of work.

Thus we read that "Citizeness Duleau, formerly superintendent of the Sisters of Charity, is authorised to educate girls for the care of the sick in hospitals." The Sisters were close to the hearts of the people, and their services were indispensable. They recovered rapidly from the storm, and long remained the most popular nursing order in France.

Their fame and activity as nursing Sisters reached the zenith by the latter part of the eighteenth or the early decades of the nineteenth century and thereafter gradually declined, though in other lines of work, in skilled institutional management and administration, they are still prominent and efficient. But not all of the successors of St. Vincent were as enlightened as he, and the Sisters have not been allowed to share in the advance of medical science, which has been so rapid and brilliant since the end of the

eighteenth century. Successive clerical heads of the Continent have narrowed, instead of expanding, their nursing education, and many details of practical nursing work are forbidden to them. They are not allowed to witness childbirth, or to be present at gynecological examinations, or to nurse parturient women; they are not permitted to care for venereal cases or to take the full charge of men patients. To such an extent is this idea carried from the standpoint of a lay sense of propriety that they are not even allowed to diaper the little boy babies in the foundling hospitals, which have so long been their special pride and centres of devotion. As a natural result of conservatism they have lost much of their adaptability to general hospital work. In 1808 they supplied the nursing in France in two hundred and fifty hospitals. In 1893 the process of laicisation had reduced this number to one hundred and forty-seven, and in 1899 to ninety-six.[1] We are, it is true, not absolutely certain that their nursing duties were not similarly restricted in the time of Mlle. le Gras, but in that day all nursing, and medicine itself, was elementary. If it be the case that the foundress of the Sisters thought it proper that a nurse should be restricted according to the ideas of delicacy or prudery of that time, at least later leaders have erred in not perceiving the necessity, to a nurse, of following closely in the footsteps of medical discovery. This, we

[1] Dr. Anna Hamilton, *Les Gardes-Malades*, p. 35.

know, Vincent de Paul, according to the lights of his time, perceived and held.

At the time of Sister Duleau's death there were 250 asylums and hospitals under her direction. She must have been a woman of rare executive ability and energy, and one of whom nursing history knows too little. Bonaparte made much of the "Filles," and his mother presided at meetings held in 1807 at which the heads of all the Sisters' establishments were assembled. The Restoration saw them greatly developed, and in 1847 M. l'Abbé Etienne gave the following figures:[1] The Sisters then numbered between six and seven thousand, and there were nearly six hundred houses under their care in France, Poland, Galicia, Prussia, Spain, Italy, Turkey, and Asia Minor. The Motherhouse in Paris had about 270 novices, and smaller Motherhouses had been founded in Turin and Madrid. The order was introduced into the United States by Mrs. Seton in 1808, at Emmettsburg, Md. It was extended to Philadelphia in 1814, and to New York in 1817. In 1894 the Sisters were to be found in twenty-four countries of the globe, and served or directed in all, 1977 institutions. In America, they, as also other Catholic nursing orders, have recognised and accommodated themselves to the demands of modern medical science by establishing schools for secular nurses in the hospitals under their management.

[1] Maynard, *op. cit.*, pp. 99–116.

A picturesque incident of the last century illustrates the position of the Sister of Charity in the French army. In 1889 Sister Maria Theresa was presented with the Ribbon of the Legion of Honour, and the general in command addressed her in the presence of the troops as follows:

Sister Maria Theresa:—You were only twenty years of age when you first gave your services to the wounded at Balaclava, and you were wounded in the execution of your duty. You were again wounded at Magenta. You bravely nursed the wounded through all our wars in Syria, China, and Mexico. You were carried off the field at Worth, and before you had recovered from your injuries you were again performing your duties. When a grenade fell into your ambulance you without hesitation took it in your hands and carried it to a distance of a hundred yards, when it exploded, wounding you severely. No soldier has ever performed his duty more heroically than you have done, or lived more successfully for his comrades and his country. I have the honour to present you, in the name of France and the French Army, with the cross which is conferred only on those who have shown remarkable bravery in action. Soldiers —Present arms!

In all more than thirty nurses, most of whom were Sisters of Charity, have received the decoration of the Legion of Honour in France. The first of these was Sister Martha, who was decorated in 1815, by order of Bonaparte.

CHAPTER XII

EARLY ENGLISH NURSING

IN all probability the family nursing of the humble folk of Great Britain centuries ago, when the first missionaries landed on her shores, was of a grade somewhat similar to that found to-day by the Queen's Jubilee Nurses in the Irish bogs, or in the wild, out-of-the-world, rocky eyries of the islands of the coast, where, with chimneyless cabins, earthen floors, and the companionship of all the domestic animals, every experience of life and death is passed through in turn. Under such circumstances, though affection may not have been absent, there could have been no nursing but that of nature, for so it is to-day in the primitive corners of the earth where unchanged customs show the habits of past ages. The rude surgery of primitive man had made some headway, but no trace of medical science higher than folk-lore was to be found, for the wisdom of the Druids, whom Tollet called the "depositories of all science,"[1] had vanished away. With the coming of the monasteries there dawned a more

[1] *De l'Assistance publique*, C. Tollet, p. 3.

orderly existence, with ideas of social amenity, personal dignity, decency, and privacy; work, leisure, and provision for health and sickness. Grouped around the church as the central point arose the cloister, refectory, kitchen, chapter-house, dormitory, guest-house, parlour, almonry, and library of the community, and among these the infirmary always held an important place as a part of the convent proper. According to Gasquet[1] no fixed location was assigned to the infirmary. At Worcester it faced the west front of the church; at Durham and Rochester it joined it; at Norwich and Gloucester it was parallel to the refectory. It was sometimes surrounded by little cloisters, and often most fitly opened on the garden filled with sweet and medicinal herbs.[2] The superior of every religious house held it his special responsibility to provide for the care of the sick, and he himself always made rounds among them once a day. "Let the abbot take special care that they be not neglected," wrote Benedict in his rule, "that they have what they require at the hands of the cellarer." A special officer, called the infirmarian, was appointed to care for the sick, and according to the rules there were required of him qualities similar to those that we are familiar with in the characterisation of the ideal nurse. He should have

[1] *English Monastic Life*, by Abbot Gasquet, pp. 28–29. Methuen & Co., London, 1905.

[2] *Ibid*, p. 29.

the virtue of patience in a pre-eminent degree. He must be gentle and good-tempered, kind, compassionate to the sick, and willing, as far as possible, to gratify their needs with affectionate sympathy. When one of the brethren was seized with any sickness and came to the infirmary it was the infirmarian's duty to bring at once the sick man's plate, spoon, and bed, and to notify the kitchener so that the sick man's portion might be sent to him in the infirmary refectory.[1] The infirmarian always slept in the infirmary, even if no one was ill, in order to be always ready. It was his duty to keep supplies of medicines and comforts for the sick, to keep the rooms clean, the fire burning, and to have in his closet spices and materials for soothing or stimulating draughts and mixtures. Strict discipline was observed as in a hospital ward; quiet and order prevailed.[2] The operation of blood-letting, which our ancestors thought so highly of, was usually performed four times a year, or oftener if necessary, and was one of the functions of the infirmarian. After the lancet had been used, a styptic was applied and the arm bandaged. Three days of after-care were required for convalescence from bleeding[3] and the patient was allowed to go out of church before the others, for fear of having his arm rubbed by walking in the ranks.

[1] *English Monastic Life*, Gasquet, p. 85.
[2] *Ibid.*, p. 86.
[3] *Ibid.*, p. 89.

The kitchener was another interesting personage, whose duties were closely related with the care of patients. His was a highly important office, requiring superior qualities. "In a special manner he was to see to the sick, and serve them with food that they might fancy or relish or that was good for them."[1] What could be more attractive than the following description of the ideal qualifications for this kitchen saint of the olden time?

He should be humble at heart and not only in word; he should possess a kindly disposition and be lavish of pity for others; he should have a sparing hand in supplying his own needs and a prodigal one where others are concerned; he must ever be a consoler of those in affliction, a refuge to those who are sick; he should be sober and untiring and really love the needy, that he may assist them as a father and a helper.[2]

A certain kinship of principles and of organisation between the monastery and the modern training-school is irresistibly suggested in reading Gasquet's delightful chapter on the "Monastery and Its Rulers" in *English Monastic Life*. What was, one asks, the actual remote ancestry of the school for nurses, in its ethics and etiquette, in its dignities, responsibilities, and obediences? Was it the military organisation, or the monastic, or did the monastery borrow the military form and adapt it to the more peaceful activities of

[1] *English Monastic Life*, Gasquet, p. 81.
[2] *Ibid.*, p. 82.

Brother John Walingford, Infirmarian of St. Alban's
English Monastic Life, p. 87, by Abbot Gasquet. Methuen & Co., London, 1905

the cloister? And has the nurse's training thus inherited something both monastic and military? The military ideal has often been held up as one for the nurse to imitate, and many are fond of comparing with hers the severe discipline, unquestioning obedience, and courage of the soldier. Yet it is a question how far a profession based on the obligation to take life should serve as an example to one devoted to saving it.

The Benedictine monastery was equally disciplinarian,[1] but its strict rule took thought for the humanities and useful, practical work. Nor did it fail in courage and fortitude, but these qualities were less obtrusive than in the case of the soldier, and were displayed chiefly when times of pestilence and affliction ravaged society. It would seem that, for a model to study, the gentle dignity and sweet courtesy of manner of the monastery might better befit a nurse than the abrupt automatic bearing of the well-drilled soldier. The reasoned and ethical obedience of the Benedictine cloister, which was not to respond to unrighteous commands, is a higher type than the mechanical military obedience, and a brighter

[1] "The governing thought of monastic life was that it was a warfare, a militia, and a monastery a camp or barrack. Watchfulness was to be incessant, obedience prompt and absolute, no man was to murmur,—training as rigorous, concert as ready, and complete subordination as fixed, fulfilment of orders as unquestioning, as in a regiment." From *Life of St. Anselm*, by Dean Church, quoted by Gasquet, *Henry VIII. and English Monasteries*, vol. i., p. 16, Introd.

adornment to a worker in the service of health and society. "Obedience alone," said Florence Nightingale, "is a very poor thing. That upon which it is necessary to lay stress is *intelligent* obedience."[1]

The monastic system established by St. Benedict was based entirely upon the supremacy of the abbot. Though the Rule gives directions as to an abbot's government and furnishes him with principles on which to act, and binds him to carry out certain prescriptions as to consultation with others in difficult matters, etc., the subject is told to obey without question or hesitation the decision of the superior. It is of course needless to say that this obedience did not extend to the commission of evil, even were any such a command ever imposed. Upon this principle of implicit obedience to authority depended the power and success of the monastic system.[2]

It was not for the abbot himself, but for what he represented in the community, that ceremonious forms of respect were shown him, and familiarity was avoided: so, too, not from any thought of himself, but of his office, was he to be

careful not to lower the dignity of his office by too much condescending to those who might be disposed to take advantage of his good nature; nor might he omit to correct any want of respect manifested toward his person. He was in this to consider his office and not his personal inclinations.[3] . . . He

[1] *Notes on Nursing for the Labouring Classes*, 1861, p. 86.
[2] *English Monastic Life*, Gasquet, p. 42.
[3] *Ibid.*, p. 49.

above all others was to be careful to keep every rule and regulation, since it was certain that when he did not obey, himself, he could not look for the obedience of others. . . .

As superior, he had to stand aloof from the rest, so as not unduly to encourage familiarity in his subjects. He was to show no respect for persons; not favouring one . . . more than the other, as this could not fail to be fatal to true observance. . . . "In giving help he should be a father," says one customal; in giving instruction he should speak as a teacher.[1]

While the abbot was as a father, his first assistant, the prior, was to occupy a position like that of the mother of a family.[2] The sub-prior was the second assistant. The novice-master taught the novices, who were kept somewhat apart and under special observation. The officials, discipline, rules, and duties in the monastery of women were the same, with the same co-ordination of all toward definite purposes in work and achievement.

According to Gasquet little information is to be found about the nuns of England before the Reformation, but glimpses of them show nursing to have been a constant interest among them. Many were the notable nurses among the early convent women, for wherever we find legends of saints who cured miraculously it is safe to assume their nursing and medical powers. St. Bridget of Kildare, who miraculously healed lepers; St. Ethelberga of

[1] Gasquet, *op. cit.*, pp. 51–52.
[2] *Ibid.*, p. 54.

Barking, who healed the sick; Walburga, who studied medicine to minister to the poor; Modwena, the Irish saint who cured epilepsy—of their practical ability and knowledge of drugs and treatment we may feel certain. Old records of the Grâce-Dieu convent of Augustinian nuns in Leicestershire, England, quoted by Gasquet, give a charming picture of the life, "simple, hard, yet happy," of the members of a religious settlement,—their frugal housekeeping, their charities, their teaching of young gentlewomen, their farming and cattle-raising, their spinning and weaving, their charities and nursing. "Out of their small means they set aside a not insignificant portion for the care and clothing of the sick in their infirmary; whilst out of their income they founded not less than eight pensions."[1] In the Wiltshire convents, we are told, "the young maids were brought up at the nunneries, where they had examples of piety, and humility, and modesty, and obedience. Here they learned needlework, the art of confectionery, surgery (for anciently there were no apothecaries or surgeons; the gentlewomen did cure their poor neighbours), physic, writing, drawing, etc." A typical picture of the activities of the convent is given in the memorial to "the Abbess Euphemia" (of the Benedictine nunnery of Wherwell, in Hampshire) of whom it is said:

To her sisters, both in health and sickness, she

[1] Gasquet, *op. cit.*, p. 175.

administered the necessities of life with piety, prudence, care and honesty. . . . She with maternal piety and careful forethought built, for the use of both sick and sound, a new and large infirmary away from the main buildings, and in conjunction with it a dormitory with the necessary offices. Beneath the infirmary she constructed a water course, through which a stream flowed with sufficient force to carry off all refuse that might corrupt the air. . . .[1]

Mother Euphemia showed an amount of energy and ability in tearing down old and unfit buildings and replacing them with "new and strong" ones, extending and improving the farms and farm buildings, draining and excavating as well as beautifying in all directions of her domain, which made her seem in large affairs "to have the spirit of a man rather than of a woman."[2] A new chapel was built under her administration, and with it was enclosed a larger space, "adorned with pleasant vines and trees." A new mill; new offices around a square court where the nuns might walk, the whole surrounded with gardens, vineyards, shrubberies, and a wall; new manor-houses and farm-houses; a bell-tower "of commanding height and exquisite workmanship"—these were among the examples of Mother Euphemia's executive ability. Such were the peaceful and hospitable domains that long offered the only substitute for public hospitals and almshouses; for in that early period, says Kirkman

[1] Gasquet, *op. cit.*, p. 157.
[2] *Ibid.*, p. 156.

Gray,[1] there was general indifference to what is to-day the most popular form of philanthropy, viz.: the care of the sick. It was the general custom of the convent to offer "such provision daily for the people that stood in need thereof, as sick, sore, lame, or otherwise impotent, that none or few lacked relief in one place or another. Yea, many of them whose revenues were sufficient thereto made hospitals and lodgings within their own houses, wherein they kept a number of impotent persons with all necessaries for them, with persons to attend upon them.[2] Inadequate as this provision must have been, it was for several centuries the only substitute offered for general hospital and nursing services. It was not to the sick as such, but to the sick poor, that the convent opened its hospitable doors; and until after the sixteenth century in England the word hospital or "maison-dieu" continued to mean a place something like a modern almshouse and not solely for the medical treatment of the sick. Moreover, treatment, in the sense we know it, hardly existed.

The first hospitals in England date from the tenth and eleventh centuries. Creighton mentions the hospital of St. Peter and St. Leonard at York, founded in 936 A.D. by Athelstane, as the

[1] *A History of English Philanthropy*, by B. Kirkman Gray. King & Son, London, 1905, p. 9.

[2] Gasquet, *Henry VIII. and the Dissolution of the Monasteries*, vol. ii., p. 500, from old chronicle, quoted by Gray, p. 10.

first known,[1] and other writers have recorded Athelstane's activity in encouraging hospital building. The hospital at York was a great establishment for the poor, with special provision for lepers, and there were eight Sisters on the nursing staff. Dr. Stratton mentions St. Bartholomew's hospital for lepers, built in 1078 in Rochester by Gundulph, the bishop. It stood on the river Medway, and was cared for by a prior and Brothers.[2]

Two hospitals were built in 1084 (say some writers; others give the date 1070) by Lanfranc, Archbishop of Canterbury. One of these, called the hospital of St. John Baptist, stood by the gate of the town, within the walls, and was a general hospital for both men and women "who were sick in various ways."[3]

The other was for the so-called lepers and was situated in the woods of Blean, a mile or so out of the town. It was called the hospital of Herbaldown. Lanfranc was of an Italian family, and had the Italian hospitals in mind when he built these two famous English institutions. The hospital of St. Giles in the East, also called St. Giles in the Fields, founded by Queen Matilda in 1101, long remained one of the most important

[1] *History of Epidemics in Britain*, Creighton. Macmillan Co., p. 87.

[2] *Edinburgh Med. and Surg. Journ.*, July, 1851, article on "The Chatham Leper Hospital."

[3] Eckenstein, *op. cit.*, p. 289.

"leper" hospitals in England,[1] and near by, in the Minories, Matilda established an order of the Poor Clares to serve in the wards. Matilda herself took a personal share in the nursing, and, like other royal saints, often brought the sick into her own apartments, where, girded with a towel (so the story goes), she washed them and attended to their needs.[2] In 1148 Matilda founded the hospital of St. Katherine, as a memorial to her two children. It was chartered by Philippa, wife of Edward III., and to the care of the sick within its walls there was added the express duty of the ladies of noble birth, who served in it, to visit and nurse the sick in their homes. It is this ancient visiting nursing foundation that has, in recent years, been taken for the corporate ancestry of the Queen Victoria Jubilee Nurses' Institute for district nursing.

In 1123 Rahere founded St. Bartholomew's hospital for the relief of the poor and those sick of any disease except small-pox. This noble and

[1] It is well known that the term leprosy as used in history and literature covers a great variety of diseases not properly classified as true leprosy, *viz.*, elephantiasis, lupus, and other forms of tuberculosis. Besides these, no one can read very far in the nursing history of the Middle Ages without suspecting that a great deal of the so-called leprosy was syphilis, and this idea is confirmed by Creighton, who, in his *History of Epidemics in Britain*, states that "leprosy" included all the visible forms of venereal disease as well as all skin diseases. See his chapter ii., p. 69.

[2] Eckenstein, p. 290, quoting Ailred of Rievaux. Also Creighton, *op. cit.*, p. 83.

historic foundation, long one of the famous hospitals of the world, had at the time of its inception two purposes, the care of orphans as well as the sick. St. Thomas's hospital, later made famous by the reform of nursing on Miss Nightingale's plan, had a similar origin.

It is hardly possible for the imagination to picture the total absence of nursing and the dire need for it during the plague epidemics of England. In the year 1665 from 63,000 to 65,000 died of the plague, while small-pox habitually caused ten per cent. of all deaths. Pestilences occurred about once in every generation,—fateful visitations of every imaginable form of filth disease. For seven hundred years, moreover, there was a horrible association of famine with pestilence—the dreaded "hunger typhus" not unknown to more modern nations. Besant has described with thrilling imagery the calling—calling of the voice of the plague, trying through centuries to teach mankind its lesson of how to live to preserve health. It is said that Erasmus was the first to point out the relation between filth and disease,[1] and that he refused to remain in England on account of the filthy abodes. The houses, damp and cold, without ventilation or drainage invited illness, but in times of pestilence stricken persons were locked in them to die

[1] Dr. Cheadle, in *The Nurses' Journal*, Feb., 1906; lecture on "The Progress of Hygiene," given before the Royal British Nurses' Association.

or recover as they might. Pest-houses were places of horrors untold, and no one went to them except in despair. Yet the treatise written by Thomas Lodge,[1] the author and playwright, who studied medicine, shows that one at least had a vision and a dream of what a model contagious hospital might be.

It should have [he said] about fifty-six rooms, each one furnished with two beds, that the sick might change from one to the other. There should be a second building for convalescents. The chamber may be sprinkled with rose vinegar or rose water if the patient be rich; should likewise be strewn with odoriferous flowers and sweet smelling herbs, namely, in summer time with roses, violets and pinks,—with leaves of willow and the vine. It is good also to have quinces and citrons to smell to. It will comfort and quicken the patient's heart if he rub his nose, ears, hands, and face with a preparation of white rose vinegar, good Malmsey wine, powder of zodoaric, cloves, dried roses, and musk.[2]

Ignorance of the true nature of disease was widespread to a late period. Superstition kept a firm hold on men's minds (though the first Sanitary Act of the English Parliament was passed in 1388), and as, in the slow transition of ages, the healing god had given place to the healing saint, now the saint was sometimes displaced by the king. For a long time the "king's touch" was supposed to cure the "king's evil" or "scro-

[1] *A Treatise on the Plague*, by Thomas Lodge (1558–1625).
[2] Quoted by Kirkman Gray, *Hist. Engl. Philan.*, p. 45.

fula." [1] Charles II. "touched" some 92,000 persons, one of whom was no less intellectual a man than Samuel Johnson. Even in the hospitals, to which we must turn to find the gradual development of modern nursing, anxiety for the patient's soul often quite overbalanced the care for his body.

Of the now great and famous English hospitals the most ancient is St. Bartholomew. It is also the richest in historical association and in medical tradition, even as it still stands to-day foremost in liberal intelligence of science, gracious charity, and nursing standards of exceptional distinction. Like the Santo Spirito in Rome, it has a legend turning upon the dream myth intertwined with its history. Rahere, a courtier of Henry I. whose life had perhaps been even more than rollicking and whose spirits were such that he has been spoken of as the King's jester, but who had under the jests a deeper and more serious aspiration, became later in life a prebendary of St. Paul's cathedral and made a religious pilgrimage to Rome, to atone for his sins. While there he became a canon regular of St. Augustine. During his stay in the Holy City he had an attack of Roman fever, and was very ill. He had gone to inspect the new church of St. Bartholomew, which had been built on the island in the Tiber where the old ruins of the temple of Æsculapius had once stood. The ancient stone pillars of the

[1] See *Lecky*, vol. i., chap. iii., p. 364.

pagan temple still remained within the church precincts, but their prestige was gone, and some relics of St. Bartholomew preserved there then held the reverent attention of pilgrims. In his delirium Rahere dreamed or imagined that he saw the saint appear to him. He had already vowed to build a hospital if he might recover and return to England, and the vision made known to him the site on which he should build it—a spot that Edward the Confessor had once dreamed of for a church. Rahere recovered,[1] went home, and told his vision. He was greatly helped with money and land by the Bishop of London, Richard de Belmeis, and also secured grants of privileges from the King. He built his hospital in 1123, in Smithfield, and at first devoted himself to its service. In connection with it he built a priory, of which he became the first prior. No grant or deed is recorded before 1133, when a charter of Henry I. recites the privileges and liberties bestowed upon the hospital and priory, beginning:

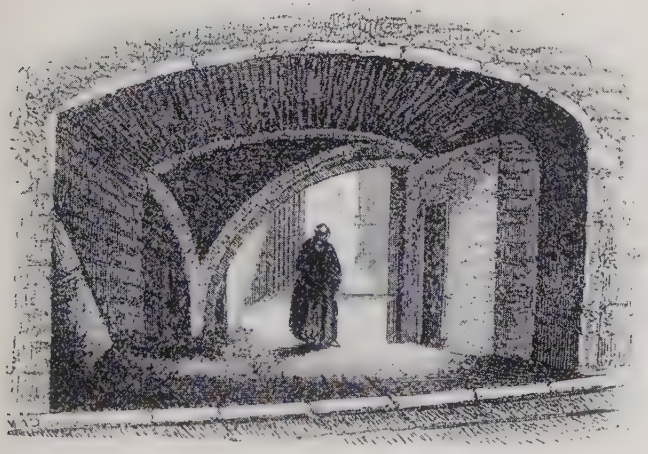
> Know ye that I have granted . . . to the church of the blessed Bartholomew of London and to Raherus the prior and the regular canons . . . . and to the poor of the hospital of the said church . . .[2] [etc.].

The hospital was to receive poor and diseased persons "until they got well," and pregnant

[1] *Histor. Sketch of the Priory and Royal Hosp. St. Bartholomew.* W. A. Delamotte.

[2] *Memoranda, References, and Documents Relating to the Royal Hospitals of London,* 1836.

Gate of St. Bartholomew's Hospital



Crypt of St. Bartholomew's Church

women, until the birth of their children: such babes, also, if their mothers died leaving them unprovided for, were to be maintained until their seventh year. Before 1137 Rahere had finished building the greater part of the church of St. Bartholomew, and he soon after gave up the hospital duties and devoted himself to the purely religious life, having established Sisters and Brothers under the Augustinian rule to nurse the patients in the wards.

The early buildings of the hospital were small and were grouped about and connected with a great hall in which probably most of the beds stood.[1] Here was a noble fireplace where the King's logs were burned later, when King Henry had sent his gift of "one old oak" according to the quaint records of his directions to his foresters: "We command you to give to the patients of the Hospital of St. Bartholomew in London as our gift one old oak from our forest of Windsor." [2]

The domain of the ancient hospital must have been a picturesque spot in the reign of Henry VI. Beside the hospital proper there were grouped on it the dwellings of the Brothers and Sisters, and also private dwelling houses and shops which were rented out, and apparently constituted quite a source of revenue. Lady Johanna Astley, who had been the nurse of King Henry VI. in his in-

[1] *The Past and Present State of St. Bartholomew's Hospital*, by Dr. Norman Moore, p. 18. Adlard and Son, 1895.

[2] *Ibid.*, same page.

fancy, lived in one of these houses. A couple of the shops were owned by Sister Emma Clunbury, who received the rent for them, while the Master of the house received one rose for each building.[1]

Few details have come down to us of the Augustinian nursing sisterhood and brotherhood of St. Bartholomew's hospital. Rahere had established eight Brothers and four Sisters, under the Master. Dr. Norman Moore, who knows more of the history of the hospital than any one, once told the twentieth century Sisters that the first recorded application for a Sister's post came in the reign of Richard Coeur de Lion, from a lady living in Friar Street, but that it is not known whether the Brothers accepted her.[2] The first one appointed (he added) of whom record remains was Edina de Rittle, of Essex, whose father was a feudal lord, and who carried a large dowry with her for the benefit of the hospital. The same authority tells us that in the archives of the hospital a document over seven hundred years old, with its seal in perfect preservation, gives the oldest list of the staff which is in existence. Four brothers are there mentioned by name: Elia, Walter of Hatfield, Osbert of Campenden, and Ralph the Red. Their duties, moreover, are specified as being under three heads:

[1] "The Inhabitants of St. Bartholomew's Hospital in the Reign of Henry VI." Dr. Norman Moore, *St. Bartholomew's Journal*, Sept., 1905, pp. 174–175.

[2] *British Journal of Nursing*, May 5, 1906, p. 360.

medical treatment, prayer, and financial management.[1]

In reading these annals of the past one cannot but wonder at the greater simplicity of hospital record keeping in the olden days. St. Bartholomew's hospital, better managed than the Hôtel-Dieu, kept its records of cases, and an extract from those of the sixteenth century runs as follows:

> There have been healed of the pocques, fystules, filthie blaynes and sores to the nombre of eight hundred and thence safe delivered, that other having nede myghte entre in their roume. Beside eyght skore and twelve that have there forsaken this life in their intollerable miseries and griefes whiche else might have died and stoncke on the eyes and noses of the citie.[2]

The suppression of the monasteries, whatever its significance in affairs of state, was followed by a time of hardship and sorrow for the sick poor. Gray, while recognising fully the fact that almsgiving creates as well as relieves dependency, says:[3]

> In the period following the dissolution of the monasteries there was a very grave increase of poverty, matched by a corresponding decrease in the available

[1] "The Foundation of St. Bartholomew's Hospital," by Norman Moore. *Monthly Paper of the Guild of St. Barnabas, London*, No. 14, vol. ii., Sept., 1884.

[2] *The Past and Present State of St. Bartholomew's Hospital*, Norman Moore, M.D., (Adlard and Son, London, 1895), pp. 53–54.

[3] *History of English Philanthropy*, p. 12.

means of relief; under the old system the poor had been in some sort considered—under the new they were grievously oppressed.

State aid and private philanthropy advanced but slowly to fill the void, and the art of nursing sank into a state of neglect which was to last for over two centuries.

The demand for a secular and public control for a number of the more important London hospitals came into existence in 1538, for at this time the mayor, aldermen, and commons of London petitioned the king, asking that the mayor and other officials might have the management of St. Mary's, St. Bartholomew's, and St. Thomas's hospitals,[1] with others less notable from a nursing standpoint. The suppression of the convents and the expulsion of the religious nursing Sisters from the hospitals necessitated replacing them with ordinary lay servants or attendants, and must have been a process precisely similar to the laicisation which has taken place so energetically in France in the last few decades. The English city fathers, however, showed more practical wisdom than the French in one important respect; they copied the hierarchy of the religious orders and placed a matron at the head of all the women. They also retained the title "Sister," with its associations of kindness and consolation, for the nurses in charge of wards, and thus they pre-

[1] *Mem. Ref. and Documents relating to the Royal Hospitals.* 1836.

served the form best adapted to lend itself to the new spirit of education and teaching which it was later destined to meet.

The hospital of St. Bartholomew reverted to the city in 1547, the agreement made then between the king and the mayor reciting that the city should have forever the Hospital of Little St. Bartholomew, and that it should be called "The House of the Poor in West Smithfield in the suburbs of the City of London of King Henry the Eighth's foundation"; that there should be a priest called the vicar and another the hospitaller; that room should be prepared for one hundred poor men and women, and for a matron with twelve women under her to make the beds and attend to the said men and women.[1]

There was to be one physician, one surgeon, and eight "byddles" or beadles to bring to the said hospital such poor, sick, aged, and impotent persons as should be found going about the city and suburbs. This regulation sounds as if the hospital were now something of an almshouse, and the "byddles" seem to have been a later order of the "parabolani" of earlier times. In this same year, 1547, the citizens also acquired Bethlehem,[2] an asylum for insane patients, and the then abandoned hospital of St. Thomas, and fitted up, also for "poor, impotent, lame, and diseased" persons, the institution which was

[1] *Mem. Ref. and Doc.*

[2] Whence the word "Bedlam" as applied to madhouses.

later, in new and imposing buildings, to become famous as the home of the Nightingale School. The historic St. Thomas's, in which one of the greatest reforms of the nineteenth century was wrought by a woman, owed its earliest origin likewise to a woman, for a pious dame named Mary, a ferry-boat keeper, soon after the Conquest, had given the original site for a convent. This Mary was canonised as St. Mary Overie (over the river). In 1212 the convent was burned, but rebuilt the next year, by Richard, prior of Bermondsey, as an almonry for poor children. Later, at a date somewhat uncertain, the bishop of Winchester built a hospital there and established a Master, Brethren, and Sisters to nurse the poor. After the Reformation it passed into the hands of the city. At that time it had about forty beds. In 1732, St. Thomas's was rebuilt, and the nursing system, adapted from that of the old orders, gave a Sister (secular) to each ward with two or three servant nurses under her. In 1871 the stately new pavilions which now ornament the banks of the Thames were completed, including the beautiful Nightingale Home and Training School.

The city authorities, when they took charge, framed rules for the government of all their hospitals, called the "Order of the Hospital,"[1] and in these rules the regulations prescribing the duties of the various officials were set forth as "Charges,"

[1] *Mem. Ref, and Doc.*

and now make quaint and interesting reading. At stated fixed times these regulations were read aloud in the hospitals before all of those whom they concerned. Of special interest to nurses are those from which the following extracts are taken:

The Matron's Charge:

. . . Your charge is also to search and enquire whether the women doe their duetie, in washing of the children's sheets and shirts, and in keeping cleane and sweet those that are committed to their charge; and also in the beddes, sheets, coverlets, and apparaile (with keping clean their wards and chambers) mending of such as shalbe broken from time to time. And especially yow shall geue diligent heede, that the said washers and nurses of this howse be alwaies well occupied and not idle. . . . You shal also once in every quarter of the yeare examine the inventorie which shalbe delivered unto you, of the implements of the howse; as of beddes, bolsters, mattrasses, blanquets, coverlets, shets, pallads, shirts, hosen, and such other; whether any of the same be purloyned, embezeled, spoiled or otherwise consumed; and to make such lacke and faults, as by yow shalbe espied, knowen unto the almoners of this howse for the time being. . . . You shall twise or thrise in euery weke arise in the night, and goe as well into the sick warde as also into euery other warde, and there se that the children be couered in the beddes, wherby they take no cold. . . .

Of somewhat later date is the rule following:

Also at such times as the Sisters shall not be oc-

cupied about the poor, ye shall set them to spinning, or doing of some other manner of work that may avoid idleness and be profitable to the poor of this house. Also ye shall receive the flax provided by the Governeurs of this House and the same being spun by the Sisters ye shall commit to the said Governeurs that they may both put order for the weighing of the same to weaver, and for the measuring of it at the returning thereof.

Year 1557.

The Charge of the Nurses and Keepers of the Wardes:

. . . Ye shall also flie and eschue all rayling, skoldinge, swearinge, and drunkenness.

Ye shall in your behauiour and doings be vertuous, louinge, and diligent.

Ye shall also carefully and diligently oversee, keepe, and governe all those tender babes and younglings that shalbe committed to your charge, and the same holesomely, cleanely, and sweetly noorishe and bring up. . . .

The year 1580.

Ye shall also faithfully and charitably serve and help the poor in all their griefs and diseases as well by keeping them sweet and clean as in giving them their meats and drinks after the most honest and comfortable manner. . . . Also ye shall use unto them good and honest talk such as may comfort and amend them . . . and above all things see that ye avoid, abhor, and detest scoldings and drunkenness, as most pestilent and filthy vices. . . .

To visit the patients in the wards was the duty

of the hospitaller, and not, apparently, strange as it seems, of the physicians: the latter, judging by the old regulations, seem to have inspected the patients about once a week, the occasion being one of great state and ceremony. This appears in the "Charge" to the physician of St. Bartholomew's Hospital, which on Oct. 14, 1609, reads thus:

> Physician:
> You are here elected and admitted to be the physician for the Poor of this Hospital to perform the Charge following. That is to say, first day in the week at the least through the year or oftener as need shall require you shall come to this hospital and cause the Hospital Matron or Porter to call before you in the hall of this hospital such and so many of the poor harboured in this hospital as shall need the counsel and advice of the physician . . . writing in a book appointed for that purpose such medicines with their compounds and necessaries as appertaineth to the apothecary of this house to be provided and made ready for to be ministered unto the poor, any one in particular according to his disease.

Among the many famous medical chiefs of St. Bartholomew's was William Harvey, and we may imagine him in his imposing ruff, sitting in dignified state at a table in the great hall, while the patients, brought in from the wards, sat on a settle near him, the apothecary, steward, and matron all standing at attention near by, while he gave his orders. A prescription book which was

kept for the physician to write his orders in was always kept under lock and key.[1]

The old hall of the hospital was pulled down about 1728, and a magnificent new one, hung with many portraits to commemorate the greatness of the past, is now one of the sights of London.

Equally curious were the rules of earlier times in St. Thomas's Hospital. Thus, under the heading of "The Duty of the Sister," we find the rules enact that they

be careful there be no playing at cards, dice, or any other games in this house, to give notice to the treasurer or steward, if any offend therein.

That they wash, or cause to be washed, all weak people's clouts, without taking money or reward for the same. That they give the medicines as directed; the night medicines by eight o'clock in winter, and nine in summer.

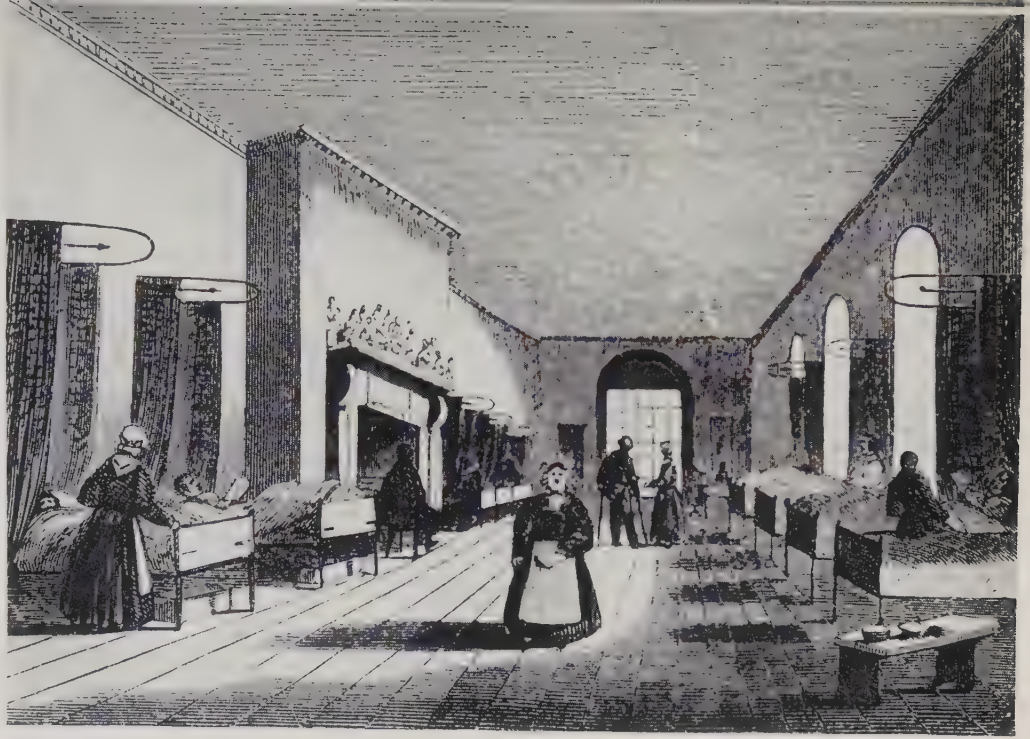
That they appoint some sober patient to crave a blessing and return thanks at every meal; to read at the desk on Sunday, and the rules and orders to be observed by the patients to be read aloud in the ward every Friday morning.

As to "the duty of the nurse," what would nurses of the present day think of the following rules?

She must stupe as often, and in such manner, all such patients as the doctors and surgeons shall direct, and attend the working of all the vomits.

She is to make all the beds on one side of the ward,

[1] *William Harvey*, by D'Arcy Power, New York, 1898.



Rahere's Ward, St. Bartholomew's Hospital
Showing a nurse of the "Gamp" type
From *The Royal Hospital of St. Bartholomew*, by W. A. Delamotte

and to scour and make clean the beds and floors of the whole ward with the tables and forms, the passage and stairs, and garrets; to assist her, she may take such patients as the sisters shall think fit and able to help her. She must keep clean scoured the cans for beer, the broth pails, pans, platters, and plates, etc., fouled at dinner. She must attend the butler at the ringing of the beer-bell, and take with her such patients as are able to carry the beer in safety to the ward, and not suffer such patients to waste or embezzle it by the way, but see that the cans be carried full into the ward; and in like manner at his ringing the bread-bell, she must attend and take the just number of loaves for the patients, who are entitled to it; and also at the ringing of the cook's bell, she must attend her, and receive from her the exact quantity of provisions that are appointed for each patient.

While the quaint language of earlier centuries gradually became modernised, the duties of the nurses remained as thus specified to the middle of the nineteenth century.

Turning now from the hospitals to a survey of private life, we find that the women of England were as charitable as those of any country and as active in visiting nursing. There are records of a Lady Warwick who, in the estimation of her contemporaries, was an able physician. She took destitute patients into her house for treatment and nursing and had a great reputation for curing diseases and dressing wounds. There was also a Countess of Arundel who maintained a hospital for the sick poor in her own house, and

whose energy in prescribing was such that "three score dozen" sheepskins were used in one year to make the plasters which she gave away.[1] Innumerable were the women who thus responded to the needs of the sick, and whose voluntary services to a certain degree filled the place in public usefulness now occupied by the hospital and the dispensary. To-day, the hospital in the private country house or castle is not to be found; wounds and sores are seldom seen by well-to-do people; only the family medicine closet and supply of flannels of the olden times remain in rural regions, except in some remoter localities where such a closet as that of Catharine Elsmere may be found. The Rev. Mr. Colfe of Lewisham had a wonderful wife, who died in 1643. In her epitaph her husband wrote: "Above forty years a willing nurse, midwife, surgeon and, in part, physician. to all, both rich and poor, without expecting reward."[2]

In 1782 we find a rudimentary attempt at the "cottage nursing" now so dear to the hearts of English philanthropists. The Rev. Mr. Dolling, vicar of Aldenham, raised subscriptions to send women to London hospitals for three months' training in midwifery, that they might then work among the women of the village. Other

[1] *Ladies of the Seventeenth Century*. By the author of *Magdalen Stafford*.

[2] *History of English Philanthropy*, by B. Kirkman Gray, London, 1905, p. 48.

villages copied this example, and some furnished maternity bags as well, while one parish provided bed-linen, gowns, "a large easy wicker-chair, with a head to it," and a candlestick with a pannikin attached "for heating liquid in."[1]

The eighteenth century saw the building of a great number of public hospitals. Dr. Steele, in a paper on "Mortality in Hospitals," mentions by name fifty of the most important existing hospitals as dating from that century. And it was time, for Gray says[2] that at the beginning of the century hospital accommodation scarcely existed except in London, where it was inadequate. Fever hospitals or contagious hospitals, as we call them, were first built as public institutions toward the close of the eighteenth century. Before that, they had had to depend on private philanthropy, and were no doubt destitute enough as to science. With public fever hospitals, the first feeble glimmer of organised sanitation and prevention appears, according to Gray (who has no great enthusiasm for the eighteenth century), in the prescription of whitewash. "The most significant discovery made in the whole course of that [hospital] development was implicated in this first dim recognition that the care of the sick remains idle until unnecessary causes of disease have been cut off," says Gray[3]; and again: "The

[1] *History of English Philanthropy*, p. 236.
[2] *Ibid.*, p. 125.
[3] *Ibid.*, p. 152.

discovery of whitewash is the most hopeful fact in the philanthropic history of the century just because it points to future methods of a constructive corporate organisation of health." The special hospitals of the eighteenth century were for venereal cases, obstetrics, lunacy, and cancer. These latter, based on the purpose of research and better knowledge, had the most distinctly scientific character. But no evidence is given as yet that the need of skilled nursing was felt, though there was some expression of the need of skilled midwifery. The very word nursing, it has been said, is not to be found in the table of contents of any old volume or journal, and this seems to be verified by actual search, though the word nurse appears occasionally for some passing mention. The ordinary comforts of modern life were often quite lacking in hospitals; for we find Dr. John Gregorie in 1751 writing to the managers of the Aberdeen hospitals on the need of bath-tubs as follows: "Considering how useful—yea, necessary—hot and cold bathing are in ye cure of many diseases, we cannot but earnestly hope to see this plan" (*viz.*, to have a bath-tub) "executed."[1]

The latter part of the eighteenth century was also the period when Wm. Tuke in England, and Pinel in France, rediscovered, independently of each other, what the Greek physicians had known

[1] "Nursing in Scotland," by Rachel Frances Lumsden. *Hospitals, Dispensaries, and Nursing Papers*, read at the World's Fair, Chicago, 1893, p. 490.

well two thousand years before, namely, the proper kind of treatment and care of the insane. From this time on the dawn of the idea that chains, box-beds, strait-jackets, tortures of fright and shock by darkness, hunger, and cold, were not scientific or civilised methods to use with insane patients, grew slowly, and one of the most cruel delusions ever harboured by superstitious man faded slowly from his mind. Tuke, who belonged to the Society of Friends, that clear-sighted element of mankind that has done so much for humanity, built in his garden a retreat where chains and terrors were replaced by kindness, occupation, and the natural tonic of green trees and grass, with little or no restraint; and Pinel at the same time was following the same line in France. Tuke was not a physician, but a tea-merchant, but he employed professional management for his merciful enterprise, always, however, keeping it under his own control. He must have had nurses, but who they were we do not know. Probably, securing plain and humble persons, he filled them with his own spirit, as Dr. Bourneville has done in Paris with the attendants of his clinic for nervous patients.

About this time, too, a general hospital house-cleaning was going on under the incisive criticisms of Howard. Thus the Board of the Middlesex Hospital, deeply stung by certain of his remarks on its condition, wrote him a note with this challenge: "The circumstances of the wards being

close and dirty not applying in any degree to the real state of them, they being large, clean and airy, [the governors] will be much honoured by another visit from that gentleman": and then hastily fell to painting, whitewashing, and removing partitions.[1]

The oldest public hospital in Dublin was established in 1720 by a woman, Madam Steevens, who bought the land and gave the money, directed the building, and lived in the hospital until her death. It was for a long time named for her, but now for some inscrutable reason it bears the name of a physician.[2]

A curious custom which seems, at an early date, to have been somewhat general, but began to be discontinued in the eighteenth century, is mentioned in the records of the Middlesex hospital; namely, the calling of the wards by the names of the nurses who attended them. (To-day, the custom in many English hospitals is just the reverse of this, the Sister in charge now being called by the name of her ward; as Sister "Casualty.") The old hospital records are full of quaintly expressed items, and the temptation to reproduce them at length is a strong one. Thus we read that in a certain hospital the servants of the infirmary, three in number, were selected; the servants being a "messenger and door-keeper,"

[1] *History of the Middlesex Hospital during the First Century of its Existence.* Erasmus Wilson, 1845, London.

[2] *The British Journal of Nursing*, Mar. 31, 1906, p. 252.

a matron, who was wife of the messenger, and a nurse.

As we follow the old reports of this institution we find that the hospital property had accumulated to an extent requiring an order to be passed "That an inventory be taken of all the goods, linen, utensils, etc., whatsoever, belonging to this hospital, and entered in the book, and that a copy of the same be given to the matron." Certain misdemeanours are next referred to in the occurrence of orders for the suspension of the apothecary, messenger, and matron; and their dismissal at the subsequent quarterly court. The apothecary is stated to have committed actions "vile and enormous," and the messenger and matron to have neglected their duty "in not acquainting the committee of several indecencies and irregularities committed by others, and consented to by them, to the great disrepute of the hospital." A proposition was also made to check misbehaviour in the patients, the penalties being suspension of diet at the discretion of the steward; but this proposition was very properly negatived. Other odd records run as follows:

That no patient be permitted to talk to anybody in the street out of the Windows.

That no liquors be brought into the house without leave of the stewards.

That no persons after the hour of nine do presume to talk to one another in bed to the disturbance of the patients except those who want assistance. . . .

That no more than fifteen patients be admitted in the house at one time, so that there may always be room to take in casualties; [and it was resolved] that fifteen beds be the standard of this hospital for the future, and three spare beds for accidents, until further ordered.

. . . That such married women may be admitted into the hospital in the last month of their pregnancy, and that none of them shall be permitted to go out of the hospital without her child on any pretence whatever. . . .

That Mr. Layard be man-midwife in ordinary to this hospital.

That Dr. Sandys be man-midwife extraordinary to this hospital. . . .

That no woman-midwife be permitted to act as midwife in this hospital.

The spirit of economy showed itself in various ways; thus, in January an order was given for the purchase of "twelve second-hand pewter plates"; and in the following June another order provided for the sale of the old clothes of the patients who died in the hospital.

In April it was "resolved that the temporary women's ward be for the present shut up, and that Eleanor Conolly, the nurse attending it, be discharged this day." It was also thought proper "to discharge one of the night nurses, on account of the number of patients being reduced." And the assistant matron was recommended to "seek some other employment."

Another set of reports tells how it was ordered,

in 1787, that "the Matron take the opinion of the Faculty about the propriety of washing the wards once a week." This having been done, the gracious reply of the Faculty came back: "We recommend to the Board that the wards should continue to be washed once in every week throughout the year, subject, however, to the discretion of the Matron of the House to defer or omit the same in particular wet or damp weather for any time not exceeding one week."

We read the following items in these minutes:

The first Matron appointed, at a salary of 15 pounds a year, with a gratuity of 5 pounds provided she continues a year and behaves to the satisfaction of the Governors. . . .

Twenty beds ordered for the new Hospital. The curtains to be of cheque linen to draw round. Feather bolsters to be provided, but no pillows (at present). The beds to be stuffed with Straw, Oat-flights, or Flock. Two blankets and a "coverlid." . . .

Two Night Nurses or Watchers appointed, to be entertained in the house,—preferably to hiring such by the night. Salary 5 pounds 5 shillings per annum.

Joseph Cole with his horse employed to raise water from the well at one shilling an hour. . . .

(1775.) Ordered that a blue Livery Coat and Waistcoat, a pair of Leathern Breeches, and a Hat with a Yellow Button and Loop be procured for the Porter. . . .

To take into consideration the Diet, and determine whether the allowance is not too much, as a large quantity of bread and other provisions were found

concealed in the several wards upon a search made. . . .

Ordered that the present fund for the relief of infirm and decayed Nurses being sufficient, that 2 shillings 6 pence per week be allowed to A. H. (from the Hospital funds) who has served with credit as a Nurse ten years in the Hospital, and is now unable to continue her services, being lame from a disease in the hip. The parish of —— agreeing at the same time to pay 2 shillings per week.[1]

Some well-directed institutions became quite model, for that time. Howard describes thus the county hospital at Norwich as one of the best:

Wards are lofty; there is only one floor upstairs; bedsteads are iron, and they are not crowded. Beds are straw; the furniture linen; there are no testers. The wards are kept clean by frequent washing and airing by the opposite windows being generally open. There are Dutch stoves in the wards in summer and little coppers for tea-water with which the patients are sometimes properly indulged.

[1] Extracts from *The Norfolk and Norwich Hospital, 1770 to 1900*, by Sir Peter Eade, M.D. London, 1900.

CHAPTER XIII

MEDIÆVAL SURGERY AND MEDICAL TREATMENT

THE specialisation of surgery as a distinct branch of medical science seems to have been attended with the same difficulties as that of nursing, and, from the time when the Church ceased to hold a monopoly of general medicine, and the upward pressure of the laity and the middle-class citizen presaged the gradual transformation of medicine to a secular and scientific profession, the surgeon has had almost as hard a time as the nurse in attaining a recognised and honourable position.

We are told that when the monks began to limit their surgical practice, in accordance with the edicts of the twelfth and thirteenth centuries, they sent their servants, or the barbers of the community, to perform bleeding, extraction of teeth, and similar services, and thus arose the craft of barber-surgeons.[1]

There was also a body of master-surgeons, for St. Louis had formed a college of surgeons in 1268,

[1] *Curiosities of Medical Experience*, J. G. Millingen, M.D., M.A. Richard Bentley, London, 1839, p. 288.

in honour of St. Cosmos and St. Damian. The barbers, though not belonging to this more learned body, began to encroach upon their province, and to undertake many minor operations, so that presently a law was passed against them, forbidding them to exceed their original limitations unless they had been examined by a master-surgeon. The masters were not always better equipped than the barbers, but in 1372 the barbers were only allowed to dress boils, bruises, and open wounds.

The jealousies which arose between the medical and the surgical men, and the efforts made by both to adjust their boundary lines and to adapt themselves to the rapidly changing social conditions (not the least of which was that in 1452 a law was repealed which had formerly compelled the physicians of the university to remain unmarried), all of which are too innumerable to recount, did not benefit the barbers, who were often used as a cat's-paw in the game, and had the effect of causing surgery to be looked down upon for several centuries. The surgeons were excluded from the university, and, though their science was based on anatomy, they were taught and licensed by physicians, for whose instruction anatomy was not considered necessary.

The contest was really one between the clerical and the secular powers, more than one of simple professional prejudice,—an example of the struggle between dogma and the study of nature.

The Holy Brothers Cosmos and Damianus, End of the Third Century, Visiting a Sick Man and Relieving Him.
Picture on wood by Francesco Pesilli in the Louvre

Military and Religious Life in the Middle Ages and at the Period of the Renaissance, by Paul Lacroix. Bickers & Son, London

In 1505 barbers in France were given the name of surgeons, and from this time on their progress was continuous, and in 1655 surgeons and barber-surgeons were incorporated in one college.[1]

In other countries, as well as in France, the evolution of the surgeon showed similar features.

The unlettered and crudely taught barber-surgeon is still found in some countries of Europe and in some of the foreign quarters of America. He is called upon to do cupping (bleeding, formerly one of his specialties, has died out, as has also leeching) and to apply some special treatment, such as counter-irritants,[2] etc. In England, in the olden times, his place was often filled by the apothecary, who was supposed to be able to do all sorts of specific things now entirely transferred to the province of the nurse.

It is hardly possible to conceive of circumstances more painful and revolting than those under which, in the absence of anæsthetics, the surgery of the olden times had to be studied and practised. A modern surgeon says:

[1] Millingen, *op. cit.*, p. 299.

[2] The writers have known of some ghastly results arising from the ignorance and self-confidence of these barbers; thus in one case a physician had ordered a hot pack to be given to a child of thirteen: and the family, recent emigrants from Russia, called in one of their countrymen who followed this calling. He gave the hot pack by using the fumes from quick-lime in such a barbarous manner that the child was frightfully burned and succumbed to her injuries.

One shudders at the horrible cruelties which were perpetrated on suffering mortals in the name of surgery. Patients were held down upon the operating table by brute force and were operated upon while in full possession of their senses; they were heard to shriek and to cry out in heartrending screams for a discontinuation of their tortures; they were incised with red-hot knives, and they were compelled to have their wounds dipped in a caldron of seething tar to control hemorrhage.[1]

Some of the most painful methods of surgical treatment, such as searing wounds and amputations by boiling oil and red-hot instruments, were discontinued by the famous Ambroise Paré (1510–1590). He was not only one of the greatest of surgeons, but one of the most humane of men, and the account following, taken from his own narrative, is a classic example of his surgery and is also a striking model of good nursing. Paré had been called to attend a young nobleman, whose case had been given up as hopeless by the medical attendants, and whose relatives had persuaded the King to allow Paré to come to their country estates in consultation. The great surgeon left this account of the case in his diary:

I found him in a high fever, his eyes deep sunken, with a moribund and yellowish face, his tongue dry and parched, and the whole body much wasted and

[1] *The History and Development of Surgery during the Past Century*, by Frederic S. Dennis, M.D., F.R.C.S. Reprint from *American Medicine*. vol. ix., nos. 4, 5, 6, and 7, 1905.

lean, the voice low, as of a man near death; and I found his thigh much inflamed, suppurating, and ulcerated, discharging a greenish and very offensive sanies. I probed it with a silver probe, wherewith I found a large cavity in the middle of the thigh and others round the knee, sanious and cuniculate; also several scales of bone, some loose, others not. The leg was greatly swelled and imbued with a pituitous humor—and bent and drawn back. There was a large bedsore; he could rest neither day nor night, and had no appetite to eat, but very thirsty. I was told he often fell into a faintness of the heart, and sometimes as in epilepsy; and often he felt sick, with such trembling he could not raise his hands to his mouth. . . .

Having seen him, I went a walk in the garden and prayed God He would show me this grace, that he should recover: and that He would bless our hands and medicaments, to fight such a complication of disease.

I discussed in my mind the means I must take to do this. They called me to dinner. I came into the kitchen, and there I saw, taken out of the great pot, half a sheep, a quarter of veal, three great pieces of beef, two fowls, and a very big piece of bacon, with abundance of good herbs; then I said to myself that the broth of the pot would be full of juices and very nourishing.

After dinner we began our consultation, all the physicians and surgeons together. . . . I began to say to the surgeons that I was astonished they had not made incisions in the patient's thigh, seeing that it was all suppurating, and the thick matter in it very fœtid and offensive, showing that it had long been

pent up there, and that I had found with the probe caries of the bone and scales of bone, which were already loose. They answered me, "Never would he consent to it"; indeed, it was near two months since they had been able to get leave to put clean sheets on his bed, and one scarcely dared to touch the coverlet, so great was his pain. Then I said, "To heal him, we must touch something else than the coverlet of his bed."

Each said what he thought of the malady of the patient, and in conclusion all held it hopeless. I told them there was still some hope, because he was young, and God and Nature sometimes do things which seem to physicians and surgeons impossible. . .

To restore the warmth and nourishment of the body, general frictions must be made with hot cloths above, below, to right, to left, and around, to draw the blood and the vital spirits from within outward. . . . For the bedsore, he must be put in a fresh, soft bed, with clean shirt and sheets. . . . Having discoursed of the causes and complications of his malady, I said we must cure them by their contraries, and must first ease the pain, making openings in the thigh, to let out the matter . . . Secondly, having regard to the great swelling and coldness of the limb, we must apply hot bricks around it, and sprinkle them with a decoction of nerval herbs in wine and vinegar, and wrap them in napkins; and to his feet, an earthenware bottle filled with the decoction corked, and wrapped in cloths. Then the thigh, and the whole of the leg, must be fomented with a decoction made of sage, rosemary, thyme, lavender, flowers of chamomile and melilot, red roses boiled in white wine, with a drying-

powder made of oak-ashes and a little vinegar and half a handful of salt. . . .

Thirdly, we must apply to the bedsore a large plaster made of the desiccative red ointment and of Unguentum Comitissæ, equal parts, mixed together, to ease his pain and dry the ulcer; and he must have a little pillow of down, to keep all pressure off it, . . . and for the strengthening of his heart we must apply over it a refrigerant of oil of water-lilies, ointment of roses, and a little saffron, dissolved in rose-vinegar and treacle, spread on a piece of red cloth.

For the syncope, from the exhaustion of the natural forces, troubling the brain, he must have good nourishment full of juices, as raw eggs, plums, stewed in wine and sugar, broth of the meat of the great pot, whereof I have already spoken; the white meat of fowls, partridges' wings minced small, and other roast meats easy to digest, as veal, kid, pigeons, partridges, thrushes, and the like with sauce of orange, verjuice, sorrel, sharp pomegranates; or he may have them boiled, with good herbs, as lettuce, purslain, chicory, bugloss, marigold, and the like. At night he can take barley-water, with juice of sorrel and water-lilies, of each two ounces, with four or five grains of opium [this grain was "a barley-corn or grain" in weight] and the four cold seeds crushed, of each half an ounce, which is a good remedy and will make him sleep. His bread to be farmhouse bread, neither too stale nor too fresh.

For the great pain in his head, his hair must be cut, and his head rubbed with rose-vinegar just warm, and a double cloth steeped in it and put there; also a forehead-cloth of oil of roses and water-lilies and poppies, and a little opium and rose-vinegar,

with a little camphor, and changed from time to time. Moreover, we must allow him to smell flowers of henbane and water lilies, bruised with vinegar and rose-water, with a little camphor all wrapped in a handkerchief, to be held sometime to his nose. And we must make artificial rain, pouring the water from some high place into a cauldron, that he may hear the sound of it, by which means sleep shall be provoked on him.

As for the contraction of his leg, there is hope of righting it when we have let out the pus and other humours pent up in the thigh, and have rubbed the whole knee with ointment of mallows, and a little eau-de-vie, and wrapped it in black wool with the grease left in it; and if we put under the knee a feather pillow doubled, little by little we shall straighten the leg. . . .

The consultation ended, we went back to the patient, and I made three openings in his thigh. . . . Two or three hours later I got a bed made near his old one, with fair white sheets on it; then a strong man put him in it, and he was thankful to be taken out of his foul stinking bed. Soon after he asked to sleep; which he did for near four hours. . . .

The following day I made injections into the depth and cavities of the ulcers, of Ægyptiacum dissolved sometimes in eau-de-vie, other times in wine. I applied compresses to the bottom of the sinuous tracks, to cleanse and dry the soft spongy flesh, and hollow leaden tents, that the sanies might always have a way out; and above them a large plaster of Diacalcitheos dissolved in wine.

And I bandaged him so skilfully that he had no pain; and when the pain was gone the fever began at

once to abate. Then I gave him wine to drink moderately tempered with water, knowing it would restore and quicken the vital forces. And all that we agreed in consultation was done in due time and order; and as soon as his pains and fever ceased, he began steadily to amend . . . . In one month we got him into a chair . . . in six weeks he began to stand a little on crutches, and to put on fat and get a good natural colour. . . .[1]

A modern physician writes:

Some of our nurses, who to-day rarely use anything more complicated than Thiersch, may be interested in knowing what some of the remedies used by Paré were. They may be found in the *Pharmacopeia Londinensis*, by Nicholas Culpeper, Gentleman Student in Physick and Astrology, 1695, an interesting book, in which one can learn the preparation of goats' blood, the burning of young swallows, the preparation of earthworms, and other interesting things. So, for example, "the skull of a man that had never been buried, being beaten to powder and given inwardly, the quantity of a dram at a time in Betony water, helps palsies and falling sickness." If you cannot get the skull of a man that was never buried, "elk's claws or hoofs are a sovereign remedy for the falling sickness, though it be but worn in a ring, much more being taken inwardly" but in the latter case "it must be the hoof of the right foot behind."

The desiccative red ointment that was used for the

[1] *Ambroise Paré and His Times*, Stephen Paget, G. P. Putnam's Sons, New York, London, 1897, pp. 107–115.

bedsore of Paré's patient was made as follows: "oil of roses omphacine, a pound; white wax, six ounces; which being melted and put in a leaden mortar, put in earth of Lemnos or Bole-Armenick, lapis calaminaris, of each four ounces, litharge of gold, ceruss, of each three ounces: camphire, one drachm; make it into an oyntment according to art."

Culpeper says: "This binds and restrains fluxing of humours and is as gallant an oyntment to skin a sore as any in the dispensatory." Unguentum Comitissæ is made as follows: "Take of the middle bark of acorns, chestnuts, oaks, beans, the berries of myrtles, horse-tail, galls, grapestones, unripe services and medlars dried, the leaves of sloe-tree, the roses of Bistort and Tormentil, of each an ounce and a half; bruise them grossly and boyl them in ten pounds of plantane-water until the half be consumed; then take the new yellow wax eight ounces and a half, oyl of myrtles simple two pounds and a half; melt them and wash them ten times in the aforesaid decoction; being washed and melted put in these following powders; the middle bark of acorns, chestnuts, and oak-galls, juyce of Hypocistis, ashes of the bone of an ox-leg, myrtle berries, unripe grape-stones, unripe services, of each half an ounce; troches of amber, two ounces, with oyl of mastich so much as is sufficient, make it into an oyntment according to art."

"This is also a gallant bynding oyntment, composed neatly by a judicious brain," says Culpeper; "the Egyptiacum to be dissolved in eau-de-vie is a simple thing made of verdigreece finely powdered, five parts; honey, fourteen parts, sharp vinegar, seven parts. Boil them to a just thickness, and a reddish color. This potation cleanseth filthy ulcers and fistulæs

forcibly, and not without pain; takes away dead and proud flesh, and dries." The diachalciteos is made of "hog's grease, fresh and purged from the skins, two pounds, oyl of olive omphacine, litharge of gold, beaten and sifted, of each three pounds, white vitriol, burnt and powdered, four ounces.

"Let the litharge, grease, and oyl boil together with a gentle fire, with a little plantane-water, always stirring it to the consistence of a plaster, into which, (being removed from the fire) put in the vitriol, and make it into a plaster, according to art."

The stirring should be done with "the branch of a palm or other tree of a binding nature, such as oak, box or medlar, which is new cut, so that the virtue of the spatula may be mixed with the plaster, cutting off the top and the rind, even to the wood itself, the mixture being thus made thick by boiling and stirring and removed from the fire, put in white coperas for want of true chalcitis in powder."[2]

The medical receipt books of all periods of the Middle Ages were often compiled by women, who were frequently more skilled than men in writing. A quaint manual of this kind belonged to the Dames de Charité, and is a medical glossary containing descriptions of herbs and drugs, receipts for compounding medicines, tables of symptoms for every common disease, with the directions for appropriate treatment in every emergency. The various stages of disease, with the corresponding changes in treatment, are most

[2] *The Drugs used in the Time of Paré.* By George Dock, M.D. *The American Journal of Nursing,* May, 1902, p. 639.

quaintly and carefully described. Some of the remedies are revolting in the extreme, and testify to the indescribable vein of cruelty which ran through our forefathers: thus, for a cataplasm, "a living pigeon is to be cut down the back and applied warm to the chest."

On the other hand there are many excellent and practical receipts for purgative and laxative potions, enemata, and suppositories, while those for meat broths, medicated wines, and all manner of "tisanes" or teas, show a great deal of practical and useful knowledge. This collection, which had been gleaned from the many treasures of household and monastic medicine carefully handed down from one generation to another from the very earliest mediæval times, is a most interesting example of the queer mixture of diagnosis, therapeutics, and nursing, based on an equally grotesque combination of superstition and exorcism, derived from nature-worship, with much that was practical, sensible, and effective, that passed for medical knowledge and formed the undisputed specialty of the good, kind-hearted, energetic Lady Bountiful in the days when medical science in Western Europe was at a low ebb.[1] These old medical books, or Herballs, are now the costly treasures of antiquaries, who gladly pay sums that would have amazed the original compilers. *The Book-Lover's*

[1] Another example of this kind is *Les Remèdes Charitables de Madam Fouquet.* Lyons, 1685.

Leaflet, No. 142, announces the following ones, among others:

A Boke of the Propreties of Herbes called an Herball, whereunto is added the time ye herbes, floures, and sedes should be gathered to be kept the whole yere, with the vertue of ye herbes when they are stilled; also a general rule of al maner of Herbes drawen out of an Auncient boke of Physyck. (London, about 1535.)

Another:

This is The Myrrour or Glasse of Helth necessary and nedefull for euery person to loke in, that wil kepe their bodye from the syckenesse of the Pestilence, and it sheweth how the planettes do raygne in euery houre of the daye and nyghte, with the natures and expositions of the XII sygnes, deuyed by the XII Monethes of the yeare, and shewed the remedies for many dyuers infirmities and dyseases that hurteth the bodye of Manne. (About 1535, London.)

Another:

The Garden of Health, conteyning the sundry rare and hidden vertues and properties of all kindes of Simples and Plants, together with the maner how they are to be used and applyed in medecine for the health of man's hody, against divers diseases and infirmities most common among men. Gathered by the long experience and industrie of William Langham, Practitioner in Physicke. (London, 1633.)

A very kindly, amiable, and practical English teacher of home medicine and nursing has left a valuable little book of this nature with the following title-page:

The Good Samaritan; or *Complete English Physician:* containing observations on the most frequent diseases of men and women, infants and children, with directions for the management of the sick, and a collection of the most approved receipts for making and preparing cheap, easy, safe, and efficacious medicines, for their recovery. Likewise directions concerning bleeding, delivered in so plain and easy a manner, that any person of tolerable sagacity may be his own physician, or direct for others with propriety and success. By Dr. Lobb, member of the Royal College of Physicians in London, and other eminent practitioners. To which is added, a method of restoring to life persons thought drowned, or in any other manner suffocated. With infallible remedies for the bite of a mad dog, or any other animal. Likewise preservatives from infections, etc. (No date.)

On bleeding, the author says in his preface:

Of all the remedies recurred to in relieving the diseased part of mankind, there are none of such general service and advantage as that of bleeding; as there is no one, on the other hand, attended with more pernicious consequences, when indirectly and injudiciously ordered. A number of illnesses are absolutely owing to too great a quantity of blood; in which cases there is ever of course an indispensable necessity for proportionably draining this fluid. In all inflammatory distempers, it is next kin to sacrilege to omit it.

For the care of children, the *Good Samaritan* gives a number of receipts for medicinal mixtures,

marking them A., B., C., etc., and then discourses on the diseases of childhood. About small-pox he says:

When children have the small-pox, if the pustules are few, and continue increasingly in bulk, and the suppuration of them proceeds well, there is no occasion for medicines; but a suitable diet, especially milk and apples, milk porridge, etc., with giving the child now and then a little Sack or mountain whey may be sufficient. If the pustules are very numerous, and the fever continues, besides the suitable diet, some medicines should be given; and the mixture marked B, or that marked D, may be fitly given; but if the disease is of the confluent kind, and a looseness happens, often very happy for young children, then the mixture marked C, is more proper. When children have the measles, they should be fed with the same sort of diet as in the small-pox; if the fever continues high, the mixture marked A may be given, and in regard to the cough, which often attends this distemper, the directions before mentioned about this symptom, should be observed.

Small-pox seems to have been expected as a matter of course, and its nursing care was evidently of the simplest. Chicken-pox is treated to-day with more seriousness, in the training of a nurse.

The Good Samaritan then discusses fevers, with special reference to the nursing care.

I shall now consider the Putrid Fevers, the most destructive of acute distempers, and in such a manner as may be most beneficial in families, by directing

those who act as nurses how to manage persons when under any Fevers of the putrid kind.

These nurses may know, that the sick have a Putrid Fever when they find the patient's pulse not strong, but the heat of the body much greater than in health, and yet his thirst great, his tongue black, or of a dark-brown colour, and dry; and especially if attended with one or the other of the following symptoms, viz. 1. Purple spots. 2. Hemorrhages. 3. Profuse sweats. 4. Loosenesses. Every nurse knows whether one or the other of these happens, and I would assist them to know what is proper for them to do for the relief of the sick under this or that symptom.

I shall now shew what is proper to be done when either of the very threatening symptoms mentioned shall occur; particularly: 1. When the nurse shall discover any flat spots in the skin, of a purple or livid colour, let her try by thrusting a sharp fine needle slowly into the middle of some of them, till the patient feels pain from the puncture of the needle. If the patient feels no pain, she may conclude that the spots are so many mortifications, and that death will soon follow. These are called Tokens in the Plague: They sometimes happen in the worst sort of the smallpox, and in some other Fevers.

When the patient feels the puncture of the needle as soon as it enters the skin, it shews that the spots are only superficial, and that there is no mortification; and that, although it is a bad symptom, yet the sick may recover.

The remedies I recommended are the following powders and drops: Take Tartar vitriolated, Cream of Tartar, Salt Prunella, of each one scruple; mix

and make a powder to be divided into four equal parts for so many doses; and let one of them be given to the patient every two or three hours, mixed with the balsamic syrup, and drinking after it four of five spoonfuls of tea made with the Roots of Tormentill, and sweetened with loaf sugar.

Take of the dulcified spirits of vitriol one drachm, nutmeg water seven drams, and make a mixture. Of this mixture so many drops may be given in a coffee dish full of decoction of the shavings of Harts-horn, sweetened with sugar, as will make it a little sour, now and then a draught against thirst.

Let the spots be gently rubbed with a hair pencil wetted with the following; foment once in four or five hours:

Take Campian Powder one scruple, of the Tincture of Myrrh one ounce, mix for a foment; or the spots may be wetted with the rectified spirits of wine alone.

Recipes for the other symptoms and conditions mentioned then follow in due order, and the nurse is further told:

When the patient sweats abundantly, when the pulse is not strong, and when the strength sensibly decreases, and especially when they are cold and clammy, the patient is in extreme danger.

Next comes:

A Method to recover such persons as have been drowned, or in any other manner suffocated, provided that they are not totally dead; which they may not be for many hours after the accident happened. In the first case they suspend them with their head downwards near a fire, till such time as the body

begins to warm and throw out water by the Aspera Arteria. Then they foment the whole Breast and seat of the Heart, with Spirits of Wine, with Elixer Vitæ, or Bread dipped in strong Wines; this must be frequently repeated. By such means, if they are not quite dead, motion is again restored to the Heart, which receives, by degrees, the Blood that it afterwards repels to the Arteries, till at length Life entirely returns.

A compress for sore throat is thus described:

To one Noggin of the Juice of pounded Nettle-Root well strained, add Rose Water and White Wine Vinegar each one spoonful; put them into a tin sauce-pan, over a good fire, for about a quarter of an hour, then set it by to cool; and when you mean to use it, make it pretty warm, and soak a strip of flannel in it, then scrape a little Nutmeg over the wet flannel, and apply it on the outside of the part affected: this you are to repeat twice in twenty-four hours, when it will most certainly complete the cure. Roll a strip of dry flannel over the one applied to the part.

Here is a method for dressing a fresh (a "green") wound:

Prevent as much as may be the wound from bleeding, since the blood (if not much corrupted) is one of the greatest balsams. Then speedily mix some White-wine Vinegar and common Table Salt bruised fine together, and be not sparing of the salt; with this wash the wound very well, and continue so to do for some time; should the incision be deep, make dossils, which steep in the above liquor and put plenty

of salt on them, with which to fill up the wound to the surface of the skin, and lay a compress over well impregnated with the above, then bind it up, and every five or six hours pour some of the same liquor on the dressing to keep it moist and open it but once in twenty-four hours. When the flesh is grown up (which it will very soon do if you be not too effeminate and afraid of the smart, but keep it clean,) apply a plaster of Diacolon, to skin it over.

Many sources have been consulted by the Good Samaritan, for he quotes:

The Lady York's choice Recipe to preserve from the Small-pox, Plague, etc.

Take Garlic three heads; Essence of Wormwood one Dram, Let them infuse twelve hours in four ounces of White Wine, and drink the liquor before you go among the infected; and afterwards the lady affirms, you may go with safety among them.

A quaint remedy is this, for the "Dry Belly-Ach, or Nervous Cholick" :

Take dried mallow leaves an ounce; Chamomile Flowers, and sweet fennel seeds, of each half an ounce ; water, a pint; boil it for use. Take half a pint of this decoction, and add two spoonfuls of sweet oil, and half an ounce of Epsom salt; mix it for a clyster to be repeated frequently. The Warm Bath is of the utmost service in this disorder, as is also Balsam of Peru given inwardly from twenty to thirty drops in a spoonful of powdered Loaf Sugar, three or four times in a day.

Another quaint one is this, "For a Consumption":

Riding on horseback, a milk diet, country air, and bleeding frequently in small quantities, at each time taking away not more than six ounces of blood, are the most efficacious remedies in this distemper, snails, boiled in milk have sometimes been of service, as is also the Peruvian bark, when it does not occasion a purging.

The Good Samaritan had on the whole good and rational ideas of nursing, and his book closes with some general "Rules for nursing Sick Persons," which incidentally point out the errors that often were then prevalent.

It is a great mistake [he says] to suppose that all distempers are cured by sweating; and that, to procure sweat, sick persons must take hot medicines and keep themselves very hot; for sweating carries off the thinner part of the blood, leaving the remainder more dry, thick, and inflamed, which must evidently increase the disorder; for instead of forcing out the watry part of the blood, we should rather endeavour to increase it by drinking freely of Barley Water, Balm-Tea, Lemonade, or any other diluting Liquor made luke-warm. What has already been said on the head of foul confined air shews the absurdity of stifling the sick person with the heat of a close apartment and a load of bed-cloaths; for these two causes are sufficient alone to produce a fever, even in an healthy person. By letting in a little fresh air, now and then into a sick person's room, and lessening the bed cloaths, you will almost always perceive the fever and oppression in some measure abate.

His remarks on nourishment are quite as rational, and he concludes thus:

To procure a compleat and perfect termination of acute diseases, observe the following rules: Let persons recovering, as well as those who are sick, take very little food at a time, and take it often. Let their meal consist of one kind of food only, and let them chew their food well.

Lessen their quantity of drink; the best in general is wine and water, three parts water to one part wine; for too great a quantity of liquids prevents the stomach from recovering its tone. . . . Riding on horseback, as often as they are able, is absolutely necessary; the properest time for this exercise is in the forenoon. They should eat nothing, or at the most but very little, in the evening—their sleep will be the less disturbed for this caution. . . .

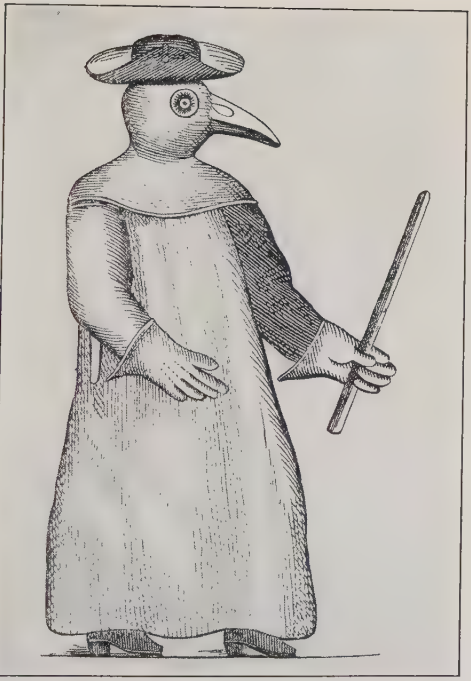
Labouring men must by no means return to work too soon after their recovery, lest it prevent their ever getting perfectly well, and entirely recovering their lost strength.

Fever patients (and it is impossible to find out what the different kinds of fever were) were probably often nearly starved by carrying the fluid nourishment doctrine to excess, for a famous physician of the latter part of the eighteenth century desired that the only epitaph placed upon his tombstone should be this: "He Fed Fevers."

In the treatment of the eruptive fevers the practitioners of those days seem to have been groping along the same lines as the modern

investigators of the various light-rays. The application of red light to small-pox eruption has received some attention recently, and in the Middle Ages small-pox and scarlet fever were treated by red curtains and hangings. The bed of the patient was hung with red curtains and the sick person was swathed in a red gown.

The many strange, grotesque, horrible, or superstitious types of medical treatment in the Middle Ages, which are to be found in the pages of medical historians, are, after all, often explained by ancient theories on astronomical, botanical, or zoölogical subjects; but one alone among all prejudices and superstitions remains resistant, deep-rooted in the minds of the people, and inexplicable,—it is the dread of fresh air.



Costume of Physicians and Other Persons when Visiting Cases of Contagious Disease

Les Edifices Hospitaliers, Tollet, 1892. Hamelin Frères, Montpellier

CHAPTER XIV

THE DARK PERIOD OF NURSING

IT is commonly agreed that the darkest known period in the history of nursing was that from the latter part of the 17th up to the middle of the 19th century. During this time the condition of the nursing art, the wellbeing of the patient, and the status of the nurse all sank to an indescribable level of degradation.

Jacobsohn says[1] that it is a remarkable fact that attention to the wellbeing of the sick, improvements in hospitals and institutions generally and to details of nursing care, had a period of complete and lasting stagnation after the middle of the seventeenth century, or from the close of the Thirty Years' War. Neither officials nor physicians took any interest in the elevation of nursing or in improving the conditions of hospitals. During the first two thirds of the eighteenth century, he proceeds to say, nothing was done to bring either construction or nursing to a better

[1] *Beiträge zur Geschichte des Krankencomforts. Deutsche Krankenpflege Zeitung*, 1898, in 4 parts.

state. Solely among the religious orders did nursing remain an interest and some remnants of technique survive. The result was that in this period the general level of nursing fell far below that of earlier periods. The hospitals of cities were like prisons, with bare, undecorated walls and little dark rooms, small windows where no sun could enter, and dismal wards where fifty or one hundred patients were crowded together, deprived of all comforts and even of necessaries. In the municipal and state institutions of this period the beautiful gardens, roomy halls, and springs of water of the old cloister hospital of the Middle Ages were not heard of, still less the comforts of their friendly interiors.[1]

Was it by chance, or was it the logical result of a definite cause, that this state of things was coincident with a subjection of women in general, so little questioned, so entrenched that it might almost be called absolute? The latter conclusion is irresistible. All the history of this time shows women reduced by the slow pressure of masculine domination to their lowest terms of self-expression. In education infantile (save for the small groups of privileged women in each country who were of the distinctly literary class), in occupation limited absolutely to the four walls of private life and domestic service, in legal relations weaklings and dependents, women during this long dreary

[1] Jacobsohn, *op. cit.*

period were effectually forbidden the right of free initiative and a share in the shaping of the social order. In all of the hospital and nursing work of the Christian era this was the period of the most complete and general masculine supremacy. At no time before or since have women been quite without voice in hospital management and nursing organisation, but during this degraded period they were all but silenced. The ultimate control of the nursing staff, of their duties, discipline, and conditions of living, was everywhere definitely taken from the hands of women and lodged firmly in those of men. Even where a woman still apparently stood at the head of a nursing body, she was only a figure-head, with no power to alter conditions, no province that she could call her own. The state of degeneration to which men reduced the art of nursing during this time of their unrestricted rule, the general contempt to which they brought the nurse, the misery which the patient thereby suffered, bring a scathing indictment against the ofttime reiterated assertion of man's superior effectiveness, and teach in every branch of administration a lesson that, for the sake of the poor, the weak, and the suffering members of society ought never to be forgotten—not in resentment, but in foresight it should be remembered: Neither sex, no one group, no one person, can ever safely be given supreme and undivided authority. Only when men and women work together, as equals, dividing initiative, authority,

and responsibility, can there be any avoidance of the serfdom that in one form or another has always existed where arbitrary domination has been present, and which acts as a depressant, effectually preventing the best results in work.

In England, where the religious orders had been suppressed, and no substitute organisation given, it might almost be said that no nursing class at all remained during this period. It was forgotten that a refined woman could be a nurse, except perhaps in her own family; and even in good homes if an attendant was called in the sick-room became a scene of repulsive squalor. The drunken and untrustworthy Gamp was the only professional nurse. "We always take them without a character," said an English physician not very many decades ago, "because no respectable woman will take such work." Even the Sisters of the religious orders, though retaining their sweet charm of serenity and gentleness, came to a complete standstill professionally as nurses, on account of the persistent sequence of restrictions which had been hemming them in from the middle of the sixteenth century. The clergy continually interfered in and hampered their work by imposing on them all manner of absurd restrictions; they forbade all sorts of necessary practical details to them on the ground of impropriety; shut them out from advancing physiological knowledge and the progress of the age in natural science, and obliged them to spend time in religious exercises

which should have been given to the patients or to the care of their own health, thus reducing their efficiency and bringing about the identical deterioration against which Vincent de Paul had insistently warned the Sisters of Charity. Although the nun gave medicine and certain kinds of treatment, "watched" in private duty, and supervised in hospitals (where she maintained discipline, system, and an atmosphere of refinement), she did not really nurse the patient except in a closely circumscribed way, and the actual nursing in all of the large public institutions of Europe passed into the hands of the "mercenaries," or lay attendants. These attendants or servant-nurses, men and women, among whom have indeed been found some excellent and faithful characters, though the majority were of a sadly inferior type, have probably had a labour history as wretched as any in the long tale of wagedom. Poorly housed, or rather roomed, in dark, unhealthy dormitories or cupboards; ill-fed, overworked, and underpaid, ignorant, untaught, and unorganised, they were kept in a state of abject degradation from which there was no chance to rise, so that it cannot seem strange that no more intelligent personnel should offer itself for such service. The hours of work alone, of which we will presently give more details, tell the story: from twelve to forty-eight hours of continuous service,—twenty-four being quite ordinary,—with a few irregular periods between for feeding (it

cannot be called anything else), and sleeping, meant of course that wearied nature must succumb and that the servant-nurses slept while the patients nursed each other.

The age was a callous and brutal one, with here and there the radiance of a true humanitarian to lighten the darkness. An article written in England in 1789 by William Nolan describes in a very earnest and dignified style the abuses of hospitals which he had seen and felt compelled to protest against.[1] He relates instances of the heartlessness of the nurses and Sisters, the unfeeling indifference of great physicians, the recklessness with which the surgeons order amputations, the levity and callousness of the young students. He had seen the incoming patient halted at the door of the ward by a loud-voiced virago (the so-called Sister), who demanded her fee before he could enter. One feature of the management that Nolan scores with deserved sarcasm and feeling was this: It was the custom of the physicians to call the discharged patients into an office when leaving, and inquire of them whether the nurses and Sisters had been kind to them. Naturally the departing patient, thankful, no doubt, to escape with his life, made little complaint, or, if he did, one can easily imagine how ineffective it must have been when he himself was no longer there to prove his statements. The

[1] *An Essay on Humanity: or A View of Abuses in Hospitals with a Plan of Correcting Them.* Wm. Nolan. Murray, 1789.

physicians, who themselves had little or no influence in the departments of hospital administration, no doubt wished the patients to be well treated and were probably unaware of the futility of such precautions. Nolan urged the formation of a Humane Committee to visit hospitals and exert a restraining influence. But even he did not dream of the restraint that was to be exerted in a few decades by the presence of gentlewomen in the wards.

While Nolan noticed only the coarseness and callousness of the attendants in hospitals, a writer signing himself. "One Who Has Walked a Good Many Hospitals," in the *London Times* of April 15, 1857, defends the servant-nurses of the large hospitals in London in the following words:

> Hospital nurses have been much abused;—they have their faults, but most of them are due to the want of proper treatment. Lectured by Committees, preached at by chaplains, scowled on by treasurers and stewards, scolded by matrons, sworn at by surgeons, bullied by dressers, grumbled at and abused by patients, insulted if old and ill-favoured, talked flippantly to if middle-aged and good humoured, tempted and seduced if young and well-looking—they are what any woman might be under the same circumstances.

The same writer gives an instance of two old hospital Sisters, one who had remained twenty-two and the other twenty-four years in charge of wards, who were then discharged with small

gifts and afterwards allowed to do charing in the same hospital to eke out a living. Any one acquainted with the conditions of well-conducted hospitals to-day will receive a clear impression of the squalor of the time under consideration from the regulations of the Royal (naval) Hospital at Haslar in 1789, which John Howard, among his other treasures of information has preserved in *Lazarettos and Hospitals*.[1] It is well worth studying for the picture it gives, and we have extracted the most striking parts, as follows:

III. That no dirt, bones, or rags, be thrown out of any window, or down the bogs, but carried to the places appointed for that purpose; nor are any clothes of the patients, or others, to be hung out of any of the windows of the house.

IV. That no foul linen, whether sheets or shirts, be kept in the cabins, or wards, but sent immediately to the matron, in order to its being carried to the wash-house; and the nurses are to obey the orders of the matron in punctually shifting the bed and body linen of the patients, viz.: their sheets once a fortnight, their shirts once in four days, their nightcaps, drawers, and stockings once a week, or oftener if found necessary.

V. That no nurse or other person do wash in the water closets. . . .

VIII. That no nurse do admit any patients, on any pretense whatsoever, into her cabin, nor suffer

[1] Pp. 181–182. Edition of 1789.

any person to remain in it at night, not even her husband or child.

IX. That any person concealing the escape of any patient from her ward, or that has not made due report, at the agent's office, of her having missed such patient, be discharged the hospital, upon proof thereof.

X. That all nurses who disobey the matron's orders, get drunk, neglect their patients, quarrel or fight with any other nurses, or quarrel with the men, or do not prudently or cautiously reveal, to the superior officers of the house, all irregularities committed by the patients in their wards (such as drinking, smoking tobacco in the wards, quarrelling, destroying the medicines, or stores, feigning complaints and neglecting their cure) be immediately discharged the service of the house, and a note made against their names, on the books of the hospital, that they may never more be employed.

The orders for the patients are equally remarkable:

I. No one shall be guilty of blasphemous expressions, unlawful swearing, cursing, drunkenness, uncleanness, lying, or other scandalous actions, to the corruption of good manners, and in derogation of God's honour.

II. All shall behave with proper respect to the officers of the hospital; and none shall presume to quarrel or fight in the hospital.

III. No one shall absent himself from the hospital without leave.

IV. No one shall pilfer, pawn, or damage any of

the furniture or things appertaining to the hospital, or to any persons therein; nor shall any one defile, deface, or damage any part of the hospital.

V. No person shall walk on the grass-plats, in the area of the building, nor ease themselves in any place not allotted for that purpose. . . .

Still more direct light is shed upon the status of nursing in English hospitals of that time by a curious correspondence which, fortunately, has been preserved for our edification. Somewhere in the early decades of the nineteenth century, a circular letter was addressed (by whom is not recorded) "to medical chiefs of hospitals, chaplains, governors, and officials of hospitals," and this letter with its replies is unique from more than one point of view. It recites the neglected spiritual state of patients in free hospitals, and inquires into methods of remedy for this condition. The clergy are evidently too busy to visit the poor in hospitals; "the medical men (wisely it may be) "object to the system of indiscriminate visiting by ladies who, from ignorance of the cases, may over-excite the body in their attempts to arouse the soul." The time of illness is regarded as a time peculiarly appropriate for teaching religion, and it is suggested that the nurses in the hospital might receive instructions from the chaplain which would enable them to read prayers, conduct courses of Bible reading with the patients, and otherwise religiously instruct them. To quote the exact words of this singular appeal:

He [the chaplain] directs her [the nurse] what prayers she is to use, inquires what course of Bible reading she means to adopt, and, if he finds her incapable of selecting one herself, sketches one for her, and instructs her how to carry it out. She also learns from him how she is to deal with every variety of spiritual condition in those under her charge.

The matron is responsible for the carrying out of these instructions—once a week she gives an account to the chaplain of the religious state of the patients—one evening in the week the chaplain meets the assembled nurses; each head nurse successively gives him an account of what she has read in her ward, having entered it daily in a book kept for the purpose. All the nurses who can be spared are present during these lectures. The chaplain concludes by questioning them as to what they would say, what text of Scripture they would quote, if the patient be self-righteous or despairing, impatient or trifling, putting imaginary cases to them, and correcting their answers. Chaplains are earnestly requested to consider this important subject.

It seems extraordinary that the clergy, for whatever reason, should have paid so little attention to hospital patients that such a letter should have been thought necessary; almost as extraordinary, and highly characteristic of a certain sickly and canting sentimentality which was widespread at that period, that the need of religious instruction for patients, who were then in every human relation neglected, should have been so seriously taken to heart while their urgent

physical needs were quite overlooked. If the good author had had any sense of humour (which is not likely) he (or she) must have felt the touch of absurdity as the answers came in.

"If I can but obtain a sober set of nurses, wrote one, "it is as much as I can hope for."

All of the replies were discouraging:—

I inquired from Dr. —— about the characters of the nurses, and he says they always engage them without any character, as no respectable person would undertake so disagreeable an office. He says the duties they have to perform are most unpleasant, and that it is little wonder that many of them drink. . . . I know that a respectable woman was declined the other day, as being too good for the situation. The only conditions that are made are . . . that they are not confirmed drunkards. The nurses . . . are engaged by the house-surgeon, who is the master and head of the situation. The only testimonials required are an ordinary character for sobriety, cleanliness, morality, and general respectability. If they have filled a similar position before, so much the better, but this is not a *sine quâ non*. Their wages are from 6 to 8 shillings a week. In general they are not educated at all. . . .

Inasmuch as we can only afford to have one (nurse) she must be a hard-working slave, and her time is too much occupied both day and night to do more than actually devolves upon her as a mere nurse. . . .

The style of nurse should be very different from what we have now; if not of a higher social grade at

least better instructed and suitably trained. But nurses of this latter class would demand higher wages than probably we could afford. . . .

I do not know how many of our nurses would be competent to join in such a plan at the one proposed. One of them I know has only been learning to read within the last few years (!) . . .

What is wanted is a small staff of nurses or matrons in each hospital of a higher rank, who would tone and leaven the whole body of nurses. As it is, there is nobody [wrote one cynic] who seems to think of the nurses' souls. . . .

It is very difficult to provide efficient and respectable nurses, particularly for the men's wards. All that is required of candidates for the situation is that they are respectable in character and have had some experience in nursing. Generally speaking they are char-women or persons of that grade. . . .

If the nurses in hospitals were anything like what they are in many hospitals abroad, anything *approaching* even to what they are at Kaiserswerth, the matter would be very simple. But I fear it is lamentably otherwise. . . .

The average number of nurses is one to every ten patients by day and one to twenty at night. You may imagine their time to be fully occupied. . . .

The chief difficulty I see in the plan is the present character of hospital nurses. . . .

The funds of the hospital do not allow of the employment of more nurses than are barely enough for

the physical care of the patients, and it would be perfectly impossible to collect any number of them at any one time for a lecture. . . .[1]

The story was the same in every country. Even in Holland, where Howard had found the most enlightened methods in institutions, and in Denmark, where Halda had once anticipated the work of Henri Dunant, educated gentlewomen disappeared from hospitals except where protected by a religious order. Mrs. Norrie writes:

In 1625 women nurses were only engaged in the proportion of one for every ten patients, and these seem to have been of the Gamp order. But at this time the work entrusted to women in the tenth and eleventh centuries was taken out of their hands, as the regulation Danish field hospitals in Holstein in 1758 further show, these being modelled after the French regulations. According to these regulations medical students did the nursing, with the help of orderlies, and women were only hired to scrub; for the regulations state that the housekeeper shall engage as many strong and healthy married women as the head-physician deems necessary to keep the lodgings of the patients clean and to do the laundry work. Further details of the women's work are as follows: "Every morning one hour before the doctor's visit the women shall take out all close-stools, bed utensils, and spittoons, and cleanse them well." "If a very weak patient or a man severely wounded should

[1] *Hospitals and Sisterhoods.* London, Murray, 1855. No author given on title page, but known to have been written by Mary Stanley, sister of Dean Stanley. Pp. 10–28.

catch vermin, the women shall often comb his hair and make him clean." The regulations prove further that the medical students did the nursing. They had to administer the medicine in the presence of the head-physician that he might better control the effect of it, and that it might be prevented that the medicine be spent for other purposes than for the benefit of the patients. "If a man be severely wounded the surgeon shall pay a visit once during the night to alleviate his pain and to supervise that the surgical student on duty is present, and that the orderly is also present and takes care of what he has to do." The surgeons prepared all the dressings and dressed the wounds. They changed the poultices, used the catheter, gave enemata and watched at night.[1]

In some Continental countries the dark period, resisting all outer influences, has survived into our own day, as is well shown by a study of the great hospitals of Rome and Vienna. As we shall not soon again recur to these countries we will give in this connection, where by kinship it properly belongs, a summary of the conditions still existing for the nursing staffs in their hospitals. In 1901 an investigation of all the Italian hospitals was made by Signora Angelo Celli as to the hours of work and general conditions of living of the servant-nurses, both men and women, who during the past couple of centuries appear to have been utilised to a greater extent than

[1] "Nursing in Denmark," Charlotte Norrie, *American Journal of Nursing*, Dec. 1900, p. 183.

ever before, perhaps owing to the increasing size of hospitals, the diminishing number of lay Sisters, oblates, and tertiaries, or to changed economic conditions. While the nuns in charge of the wards are under the control of a Motherhouse, these servants, who are the actual nurses, are subordinates to the lay administration of the hospitals. Of forty-five hospitals six gave these servant-nurses twelve consecutive hours of work. A number gave from ten to fourteen. A favourite plan was found to be a varying scale, as: on the first day, nineteen consecutive hours; second day, eleven hours; third day; eleven hours. The round was then repeated. Another example of this kind reported was: first day, seventeen consecutive hours; second day, seventeen hours; third day, eight hours; fourth day, five hours. Another: first day, thirteen hours; second day, eleven hours; third day, ten hours; fourth day, seventeen hours. After this the nurse had one day free. One hospital actually required thirty-seven consecutive hours of work for every third working day; two others ranged between twenty-four and forty-eight consecutive hours, and one required thirty hours alternating with forty-eight hours of service, before a prolonged period of rest was given.

Of sleeping accommodations, some hospitals furnished none, and others provided dormitories "low and small," holding as many as forty in a room. Not all furnished the food for their nurses and some provided a part only of the food necessary

for an adult worker. What was given was usually served by weight. If it be asked, "Where could people be found willing to take such positions?" the melancholy truth comes to light that the foundling asylums supplied most of the wretched human material for this wage slavery, and that these unfortunates were brought up to know nothing else.[1]

In Austria the same inhuman conditions existed and still exist to-day. In no country is a more crushed and downtrodden nursing personnel to be found. The celebrated General Hospital of Vienna, long famous as a medical school, gave and gives yet a twenty-four hour duty, alternated by a day broken with certain duties from eight to ten, from twelve to one, and from four to five, then the night to sleep, and then again the twenty-four-hour period.

The nurses in both male and female wards, one to every ward of forty patients, are almost entirely women. They are recruited from the ranks of uneducated, needy, timid, and submissive labouring women, and it would be a cruel injustice to regard them as anything but victims of a bad system. There is no matron or woman directress over them. They are engaged, ruled, paid, and discharged by the director of the hospital. Their sleeping accomodations are cubicles in the wards—not outside of the wards, but in them—on a line

[1] "La Donna Infermiera," by Anna Celli, in the *Unione Femminile*, Nos. 3, 4, 7, 8. Milan, 1901.

with the patients' beds. In these boxes they also take their meals, which they bring up for themselves; their wages are about equal to sixteen dollars a month, and they must naturally, like the Italian and French nurses, look for gratuities from the patients' friends.

In this hospital there is no woman superintendent to vex by her assumption of authority over the nurses, or by her insistence on instruction, regular hours, or consideration for them. There is no Woman's Board to interfere with the directors and make suggestions to the medical staff. There is no religious Motherhouse to take the blame for what goes wrong. There is only a single, unmodified, and unlimited male control, and this must be regarded as representing the system and standard of nursing which the male authorities consider satisfactory and desirable. It was of this system (not by any means limited to this one hospital) that Florence Nightingale wrote, in 1863:

> The nurses, whether male or female, are under the sole command of the male hospital authorities; in this case the arrangements as to hours, proprieties, and sanitary rules generally, would strike anyone as all but crazy. Such are the rules which give nurses twenty-four hours "on duty" in a ward, or which put them to sleep with the sick, of which the extreme case is where a female nurse is made to sleep in a men's ward, etc. In [this] case the nurses are destroyed bodily and morally.[1]

[1] See vol. ii., Miss Nightingale's *Writings*.

The most powerful factor for the improvement of public institutions which the eighteenth century can show was undoubtedly the series of investigations into their condition made by John Howard.[1] In the whole history of patient philanthropic endeavour no one pursued the good of his fellow-men along a more awful road than he. His investigations into prisons, dungeons, asylums, pest-houses, and hospitals are unparalleled in the annals of humane effort, and only Dorothea Dix's efforts in behalf of the insane in the United States more than a century later are to be compared to his. The prisons and lazarettos were his chief concern. He visited hospitals incidentally, as it were, but has left such graphic notes of what he saw that we shall presently quote them as the comments of an eyewitness on our subject.

Bad though many hospitals were, they formed the sunny side of Howard's work. The condition of prisons was so inconceivably hideous that mind and eyes alike quail before the cold print of the pages on which he has so concisely and with matter-of-course moderation set down his facts. It was at the time when the death penalty was affixed to the most trifling crimes against property —when a handkerchief, a few turnips, or some silver picked from a pocket, were more sacred than the life of a human being. Yet death, except for

[1] See *Life of John Howard*, by James Baldwin Brown, London, 1823.

the helpless family left behind, was kinder than the fate of the prisoner.

John Howard was born in 1727, and began his investigations of prisons when he was about forty-three years old. Upon a voyage to Lisbon his vessel had been captured off the coast of France by a privateer, France being at war with Spain. Passengers and men were all thrown into a French prison. So horrible was it, and what he learned from his fellow-sufferers of prison life made so deep an impression on him, that he determined to devote his life to the amelioration of such conditions.

Possessing, fortunately, wealth and leisure, this extraordinary man began a series of visitations of prisons in his own country and on the Continent, making, up to the time of his death, in all, seven Continental tours, in the course of which he travelled 60,000 miles at an expense of £30,000. In these travels he inspected all the gaols of Europe and descended into dungeons and underground graves for the living that no other human being outside of the victims and the gaolers had ever seen. Few persons would have been able to endure, not only the sights of misery, but the indescribable filth, the foul air, and the horrible stench, that was so overpowering that he had to travel on horseback because he could not endure the smell of his own clothes in a carriage. It was his custom to rise at 2 A.M. to write his notes. Six hours' sleep was his maximum indulgence. He took a daily plunge in cold water and was a vegetarian

in his diet. In the course of his labours he had opportunities for making his reports to many crowned heads and rulers, and in every country some mitigation of horrors followed his visits and reports. He said of himself, "I am the plodder who goes about to collect material for other men to use."

It became his hope to collect such information and statistics in regard to the plague as would be of service in attempting to mitigate it, and with this aim in view his investigations were turned to the lazarettos or quarantine hospitals, which he inspected assiduously in every seaport of Europe.

HIS COMMENTS ON HOSPITALS.

In Italy he speaks of the devotion of the friars and nuns to the sick; mentions a large hospital in Rome as crowded and with bad air, but with only one patient in a bed. He notes that in Italy the physicians were convinced of the infectious nature of phthisis, that there were separate wards for this malady, and that the same precautions were taken to prevent infection as in the case of the plague. In private houses rooms were scraped and fumigated and furniture destroyed after the occurrence of phthisis.[1]

The hospital of the Ben Fratelli in Naples was clean and elegant, with lofty wards, like chapels.

The large hospital in Genoa was one of the

[1] *Prisons and Hospitals*, p. 116, edition of 1784.

best and least offensive (in smell) of all the public hospitals in Italy, but the rooms for the insane were close and dirty, with mild and violent patients together. [1]

In Munich, the hospitals of the Brothers and Sisters of Mercy were "neat and clean, still and quiet." He noted the operation of bleeding performed by the nuns "with great dexterity and tenderness." [2]

In the hospital of St. John at Brussels the wards were close, and the air at night was "offensive beyond all description." Here was also a "hospitable mansion" where the nuns cared for the insane with a "tenderness that gave me no little pleasure." [3]

"The great attention of the nuns distinguish the hospitals in Roman Catholic countries." (Howard was a strict Calvinist, but had a firm regard for the nuns, which they seem to have reciprocated.) He speaks of their "pale looks."

In Madrid he notes, "The contagiousness of consumption is supposed to infect not only the clothing, bedding, and furniture, but also the walls and the ceiling." He found the Madrid hospital quite good, although the prisons were horrible.[4]

In Spain there were no nuns in men's wards,

[1] *Prisons and Hospitals*, p. 129, edition of 1784.
[2] *Ibid.*, p. 130.
[3] *Ibid.*, p. 145.
[4] *Ibid.*, p. 158.

and the latter were close and offensive; the patients took snuff and spat; there was a prejudice against fresh air, also against washing the rooms. The custom of washing the hands and feet of the patients before putting them to bed was not observed here. "I am persuaded, however," he wrote, "that such a custom, with air, cleanliness, and an abstemious diet, are of more necessary importance in hospitals than any administration of physic." [1]

Lille had two quite model hospitals, La Comtesse and St. Sauveur. The patients were classified and each class had its own ward, while every patient had a separate bed.

When a sick person arrives in either of these hospitals he is immediately shown his bed, after which one of the Sisters brings warm water to him, washes his feet, dries them, and kisses one foot. Another brings clean sheets and towels. A man servant makes and warms the bed and the patient gets into it. All the patients are kindly attended by the nuns, but, from prejudices caused by their retired mode of living, some inconveniences arise, such as neglect of washing the rooms and opening the windows, in consequence of which the wards are rendered offensive and very unhealthy, especially at night. [2]

The great hospital of the Salpêtrière in Paris had 5000 poor and insane women and girls, with three infirmaries.

[1] *Prisons and Hospitals*, p. 163, edition of 1784.
[2] *Ibid.*, p. 165.

The hospitals of St. Louis and Hôtel-Dieu are the two worst that I have ever visited. They were so crowded that I have often seen five or six patients in one bed, and some of them dying.

The hospital of St. Louis stands out of the city. . . . The wards are dirty and noisy and in many of the beds are three patients.[1]

La Charité is one of the best in Paris. All of the beds are single: it "does honour to the order of St. Jean de Dieu."

At the Hôpital des Petites Maisons a number of small houses around the court sheltered aged and infirm of both sexes with single rooms for the insane. "The good Sisters kindly attend. . . . The neatness and cleanliness here engaged me often to repeat my visits."

"I advised washing the men's wards, but my advice has not been taken." [2]

The best hospital he saw in France was the Hôtel-Dieu at Lyons. The wards were thirty-two feet wide and twenty-five feet high, with two tiers of windows. Each ward had three rows of iron beds. The different diseases were classified and treated in separate wards, all airy and pleasant, and as the patients convalesced they were removed to special large and pleasant quarters. The Sisters of a religious order, dressed in neat uniforms, made up as well as administered all the medicines. The apothecaries' shop is "the neat-

[1] *Prisons and Hospitals*, pp. 176, 177, edition of 1784.
[2] *Ibid.*, pp. 177, 178.

est and most elegantly fitted up that can be conceived." [1]

Of the Royal Infirmary in Edinburgh he says:

> Few hospitals in England exceed it in airiness and cleanliness. The walls are whitewashed regularly.

Again in Italy he speaks of the "filthy habit of spitting on the floors; patients with coughs should be supplied with such little boxes or basins as are used in Holland."

In Constantinople the Turks had few hospitals, only a "sort of caravansery, with sick and dying objects lying on dirty mats on the floor." The hospitals for lunatics were well built, but no attention was paid to cleanliness or to the patients. The Jewish hospital was the best in Constantinople.[2]

In Ireland, in the Maryborough Infirmary,

> in a room called the tower, with two patients, there was a little dirty hay on the floor where they said the nurse lay . . . no sheets in the house and the blankets very dirty;—no vault, no water. The surgery was a closet about ten feet six inches, its outfit consisting of ten vials, some of them without corks, a little salve stuck on a board, and some tow.[3]

In another county infirmary the nurses' lodging is under the staircase.[4]

[1] *Prisons and Hospitals*, p. 180, edition of 1784.
[2] *Lazarettos and Hospitals*, p. 64.
[3] *Ibid.*, p. 86.
[4] *Ibid.*, p. 93.

I am persuaded [he writes] that much depends on the patients lying on fresh and clean beds; . . . if the annual sum spent in several hospitals for the destruction of bugs was expended in airing, beating, and brushing the beds, the end would be much better answered.

He had seen this done in Sweden.

CHAPTER XV

THE PRE-FLIEDNER MOVEMENTS OF PHILANTHROPY AND NURSING

AS is well known, the reform in nursing of the past century began with the foundation of the Deaconess Motherhouse of Kaiserswerth on the Rhine, where Friederike and Theodore Fliedner wrought the revival, so richly fruitful in results, of the ancient order of deaconesses in a modern setting. But before the Fliedners began their work there had been a long series of efforts and strivings which had prepared their way. So inevitably does it happen in the course of human achievement that many attempt and fail, or succeed only in part, as a prelude to the final success of one gifted person or group of individuals. Others immediately preceding them had conceived the idea which the Fliedners worked out, but they did not see its fruition. Indeed the source of the current must be sought even farther back. The ancient churchly order of deaconesses had never quite died out. We have seen that it lingered in the Eastern Church up to the twelfth

century, and in the churches of Gaul and Ireland long after it had disappeared from Rome. The Waldenses, whose history dates from 1170, had revived to some extent, if not the exact form, at least the spirit and the works of the early deaconess, and had selected women who devoted themselves to works of charity and nursing. The followers of John Huss, who was born in 1369, had also a similar form of service. Schäfer cites a number of communities in which women's work was similarly organised after the Reformation.[1] In Minden, in 1530, the church decreed that an order of district nurses and visitors for the poor should be established. The name deaconess, however, was not given them. Keppel had a charitable institution from about 1567 to 1594 where the works of the deaconess, including nursing, were carried on; also at Walsdorf there was a similar community, with an abbess at the head. The members of the sisterhood were admitted after their eighteenth year for a year's probation, if of exemplary character. Entrance was entirely voluntary, without coercion from elders or relations, and the Sisters were free to leave or marry at any time. After acceptance, they were consecrated with a religious ceremony. They had different duties, teaching, visiting, etc., but one among them had charge of the sick and the poor,

[1] *Die Geschichte der Weiblichen Diakonie*, Theodor Schäfer, 2nd edition, Stuttgart, 1887. See chap. iv.

both in the asylum and out of it, and she was called the "deaconess."

The town of Wesel, in Germany, had deaconesses from 1575 to 1610, who were chosen, after the fashion of the early Church, by the congregation. The Reformed church in Wesel was composed of refugees from Holland and elsewhere, and one of the first acts of the congregation was to decide that women, styled "deaconesses," were to be officially employed by the presbytery for service among the poor and to nurse the sick. The revival was short-lived, it is true. The General Synod in 1581, when appealed to to confirm the action of the congregation, decided against it

> on account of various inconveniences which might arise from it; but in time of pestilence and other sickness, when any service is required among sick women which would be indelicate for deacons, they ought to attend to this through their wives, or others whose services it may be proper to engage.[1]

It is quite possible that the negative of the synod alone might not have discouraged the order, for we have seen that similar and even more emphatic edicts had at various times been ignored; but other causes, among which was the introduction of a system of state relief, also operated to extinguish it.[2]

In the Netherlands deaconesses were instituted

[1] Schäfer, *op. cit.*, vol. i, p. 75.

[2] *Deaconesses, Ancient and Modern*, by Rev. Henry Wheeler, New York, Hunt & Eaton, 1889, pp. 168–169.

at an early date. The city of Amsterdam had them from 1566, when "certain elderly and godly Sisters were chosen as deaconesses," and the title deaconess still attaches to certain workers in charitable institutions there.[1] For visiting nursing by the deaconesses the city was divided into four sections. The work was arduous and the deaconesses did not serve for life, but for given periods. Every year some were released, and received the thanks of the church fathers, while others were consecrated. They continued to live in their own homes; even those who were in charge of institutions did not necessarily reside in them. A notable deaconess was the sister of pastor Calköen, whose many sermons on the apostolic deaconess are still extant. The chronicles of the Pilgrim Fathers give a quaint picture of an old Amsterdam deaconess:

> At Amsterdam they were . . . three able and godly men for deacons, one ancient widow for a deaconess who did them much service for many years, though she was sixty years of age when chosen. She honoured her place, and was an ornament to the congregation. She usually sat in a convenient place in the congregation with a little birchen rod in her hand, and kept little children in great awe from disturbing the congregation. She did frequently visit the sick and the weak, especially women, and as there was need called out maids and other young women to watch and do them other helps as their necessity

[1] Schäfer, vol. i., p. 77.

did require; and if they were poor she would gather relief for them of those who were able, or acquaint the deacons, and she was obeyed as a Mother in Israel and an officer of Christ.[1]

Later, in 1745, the founder of the Moravians, Count Zinzendorf, consecrated a group of deaconesses by the imposition of hands. Their position and functions corresponded closely to the deaconesses of apostolic times. The Moravians still have chosen women, practically the same as the deaconesses, to give charitable service, but without the name.[2] The Mennonites, whose sect arose in the early part of the sixteenth century, also had church workers corresponding to the deaconesses. They were found throughout Holland, and their example was later a great illumination to the young pastor Fliedner.[3] These women

[1] Quoted by Schäfer, *op. cit.*, vol. i., p. 80.

[2] The "Sister-houses" of this sect, like those of the order under Gerhard Groote, did not correspond to the modern deaconess houses, but were in part refuges or asylums for the old and incapacitated members of the congregation, and in part were sought by widows or girls without family ties who desired the community life. Moreover, boarding scholars were usually received from other places to be taught. The direction of these houses was divided between two head Sisters, one who had practical and another spiritual responsibilities (after the pattern of Mary and Martha). Schäfer, vol. i, p. 292, quoting Herr D. H. Plitt in Niesky.

[3] There are no definite sources for information regarding the Mennonite deaconesses; their traces will be found scattered here and there in books and records. But it is certain that they were established from the beginning, and the books of martyrs show that deaconess Elizabeth Dirks was im-

lived in their own homes and their services were voluntary. Then, it must not be forgotten that the Sisters of Charity were distinctly apostolic, and that St. Vincent de Paul explicitly reminded them that they were as the women of the Early Church.

In the decades immediately preceding the Fliedners there was a great awakening of humane thought and an immense revival of aspiration and enthusiasm for better conditions and greater happiness for the human race, a revival of which the French Revolution was the mightiest outburst of expression. In the domain of such lines of thought as women were

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prisoned in 1549 under the Inquisition and drowned. Robert Browne, the father of the Brownist sect, who had known a Mennonite community in Norwich, England, took from them the idea of the deaconess, and thereafter the Brownists always chose as deaconesses "Widows, 60 years old, zealous for good works and able to nurse the sick." (Schäfer, vol. i., p. 290; quoting Prof. Dr. J. G. de Hoop-Scheffer of Amsterdam). In Dordrecht in 1632 the records say that "honourable elderly widows shall be chosen and ordained as deaconesses, to assist the deacons among the poor, infirm, sick, feeble, and afflicted," etc. (Schäfer, vol. i., p. 290) "Also from among the women were selected honourable, respectable matrons as Elders (presbyteresses) who as housemothers in the house of God had oversight of the widows, married women, and maidens; reminded them of their duties, etc., etc. They also visited the sick Sisters, comforted the sorrowing, etc. . . . Many chose the single life, not with the motive of attaining a higher grade of holiness, but to be able to devote themselves better to nursing and the care of children. (*Geschichte des bibelgläubigen Ketzer*, by Dr. C. U. Hahn, Stuttgart, 1847. Quoted by Schäfer, vol. i., p. 291.

most ungrudgingly allowed a share in, *viz.*, charitable and humanitarian work, there was active reciprocity between Germany and England, and ardent spirits in one stimulated congenial minds in the other. Hannah More's long life of steady devotion to the cause of the poor, the needy, and the uneducated was one of the first mile-stones on the path of the re-emancipation of women from the lives of ignorance and selfish futility in which the dawn of the eighteenth century found them. Her works were widely read in England and Germany and created an enthusiasm in both countries. The advanced and liberal ideas of the Society of Friends favoured the unfolding of characters intent on reforms, and prominent Dissenters, such as John Wesley, accorded a widening sphere of activity to women on evangelical lines, thus indirectly stimulating the more conservative circles of the Established Church to similar expression.

The influence exerted upon hospital conditions by John Howard's researches has been mentioned, and presently we shall find that two notable women, Amalia Sieveking in Germany and Elizabeth Fry in England, were, both by their own efforts and by the share which each had in helping to shape the career of pastor Fliedner, closely and definitely related to the earliest movements of nursing reform.

In searching for the various factors leading up to the nursing reform work of the Fliedners

the share contributed by physicians of broad views must not be overlooked. It is true that this share consisted mainly in arousing their less advanced brethren, for, in the nature of the case, medical men, though they might recognise the evils of existing conditions, could do little or nothing in the way of practically grappling with the situation. They were unable to attract a better personnel into hospitals or to grade and discipline it properly. It was a part of this disability that not one, even those who were most concerned and desirous of reform, ever perceived the one and only practical solution of the problems which Miss Nightingale later set forth and demonstrated. Nevertheless, in criticism, in formulating principles and standards, and in agitation, a distinguished group of the physicians of that time did valuable and important work. The Paris Academy in 1777 made a report upon the appalling death-rate, which had first aroused the medical faculty to a sense that something was wrong, and this report exposed frightful conditions in the hospitals and made many suggestions for reform. In Germany, toward the close of the eighteenth century, medical professors who were in teaching positions in the universities began to agitate for nursing reform. Professor Carl Strack of Munich delivered a public address in which he not only described the mission of nursing as it should be, but brought home to the medical profession its responsibilities

and delinquencies and made the demand for a better service. This gave a definite impulse to many lines of improvement, and the condition of hospital buildings and the comforts and surroundings needed by the sick became subjects of ever-increasing interest. Salzwedel says:

> The wish to mitigate the sufferings of the sick was the whole impulse of the nursing of the Middle Ages. But now for the first time the idea that nursing was one of the means of *cure* received consideration, for hitherto drugs had been relied on entirely in the cure of disease, with the exception of some few surgical procedures. Now nursing came to be regarded as as important as drugs.[1]

The French intellectuals had been spending much thought on this subject for some time, for an article written in 1764 says of nursing:

> This occupation is as important for humanity as its functions are low and repugnant. All persons are not adapted to it, and heads of hospitals ought to be difficult to please, for the lives of patients may depend on their choice of applicants. The nurse should be patient, mild, compassionate. She should console the sick, foresee their needs, and relieve their tedium. The domestic duties of the nurse are: to light the fires in the wards and keep them going; to carry and distribute nourishment; to accompany the surgeons and doctors on their rounds and afterwards to remove all dressings, etc.; to sweep the halls, and wards and keep the persons of the patients and

[1] *Handbuch der Krankenpflege*, p. 18.

their surroundings clean; to empty all vessels and change the patients' linen; to prevent noise and quarrelling and disturbances; to notify the steward of everything they see which is wrong; to carry out the dead and bury them; to light the lamps in the evening and visit the sick during the night; and to watch them continually, giving them every aid which their state requires, and treating them with kindness and consideration.[1]

Certainly an aggregation of duties which few nurses would be capable of performing satisfactorily.

Quite a number of nursing manuals appeared in the dark period of nursing at the end of the eighteenth and in the beginning of the nineteenth century. As early as the year 1709 a text-book translated from the French was published in Vienna, and a later edition was printed at Lausanne in 1788.[2] In 1728 a Spanish manual was published in Madrid for the nurses of the general hospital there.[3] A German manual was published in 1769,[4] and another in 1784.[5] A later French

[1] *L'Encyclopédie de Diderot et d'Alembert*, Art. "Infirmier." Published by Murray.

[2] *Unterricht für Personen welche die Kranke warten. Aus dem Französischen übersetzt*, Wien, 1709. *Instruction pour les personnes qui gardent les malades.* Lausanne, 1788.

[3] *Instruccion de enfermeros y mode aplicar los remedios*, etc., *Compuesto por los hijos de la congregacion del venerabile Padre Bernardino de Obregon.* Madrid, 1728.

[4] *Von der Wartung der Kranken.* Unzer, 1769.

[5] *Unterricht für Krankenwärter.* Franz May, Mannheim, 1784.

edition appeared in 1787,[1] and another written in German by a professor at Moscow in 1793.[2] Not all of these old books are easily found; but two now in the Royal Library at Berlin and in the Surgeon-General's library at Washington are deserving of notice. They are Dr. May's and Dr. Pfähler's. The latter is truly scientific in its spirit, and is written with admirable lucidity and simplicity. It seems as if the most obtuse intellect could obtain some enlightenment from it. In its clear, definite details, of which not the smallest or the most ordinary is overlooked, it bears comparison as to simplicity of style with Miss Nightingale's incomparable *Notes*. The qualities of the ideal nurse, as he describes them, are beyond criticism; but, as he prefaced his remarks by the statement that she must not be a thief or a drunkard, it is probable that he never met his ideal in the flesh. His directions for the arrangement and care of the bedroom, the necessity for written reports and directions as to how to keep them, the procedure in all the various treatments, and the use of appliances,—all is in accord with the most fastidious modern ideas. He emphasises the psychical side of nursing, and depicts most impressively the ill effects on the patient of anger, irritation, sadness, and melancholy.

[1] *Manuel pour les Gardes-Malades.* Carrère, Strasburg, 1787.

[2] *Unterricht für Personen welche Kranke warten.* J. G. Pfähler, Riga, 1793.

Dr. May's book is also interesting and practical, but generalises more as to principles and does not give so many minute details. A nurse would not learn so much from it as from the other, but a very unusual and commendable feature is that May makes a plea for good treatment for the nurses. He recognises the fact that they are too often treated as slaves or as lazy day-labourers, and that such treatment must necessarily render them embittered, and claims that the best results are to be gained by arousing the interest of the nurse and engaging his or her loyal co-operation. He further gives directions to nurses for preserving their own health. Besides medical and surgical nursing he treats of obstetrical work and gives diet lists suitable for different diseases and surprisingly like those of to-day. Both of these excellent text-books deprecate the tendency of nurses to become quacks, and their proneness to superstition.

These two works on nursing were widely read by the medical fraternity and made a great impression. Dr. May himself established a course of instruction for hospital attendants in Mannheim (rather too enthusiastically referred to by German historians of nursing as a "School"), and other hospital chiefs followed his example in Carlsruhe, Heidelberg, and Lucerne. But as they did not bring fresher or finer material into the service, or remodel the system under which nursing was carried on, and as they finally could,

in fact, only lecture to, but could not practically teach the attendants methods of work beyond certain treatments and fixed procedures, it is incorrect to think of these pioneer attempts as equivalent to the establishment of schools of nursing. They supplied courses of theoretical instruction, where the principles of nursing but not nursing itself could be learned. As Salzwedel speaks of "manifold opposition" to Dr. May's undertaking it is evident that even this most elementary teaching was in its day thought to be a dangerous innovation.

No more attractive and admirable medical chiefs than these two scholarly professors are mentioned in history. Their genial characters and ability to appreciate the best work are clearly attested in their writings, and their interest in and efforts for a better nursing order ought never to be forgotten.

At the end of the eighteenth century, by the action of the medical faculty of Magdeburg, in Prussia, an institution for the instruction of male nurses was established in that city and placed, oddly enough, under the management of the director of the Midwives' Institute.[1] A similar plan was projected for the Charité in Berlin in 1800, but no suitable male applicants offered themselves. In 1812 an institute for teaching the attendants in hospitals was founded in Vienna

[1] From the *Konigl. Preussische Medicinal-Verfassung*, Potsdam, 1818.

by the Austrian government, and affiliated with the University through the efforts of one of the professors of the faculty under whose charge it was placed. Strasburg made a similar official attempt in 1814.[1]

Immediately preceding the new era a nursing manual was published by Dr. Dieffenbach, a celebrated surgeon of the Charité Hospital.[2] This book shows a great advance in appliances and treatment and a much more elaborate mode of procedure, but is not as good a nursing manual as the two older books mentioned, and far behind the teaching of the Greek physicians of two thousand years earlier as regards bathing and fresh air. It shows plainly what a wretched standard of nursing was found in the hospitals, and incidentally throws light on some of the reasons for this inferiority. A dread of fresh air is openly taught in this treatise. The windows were to be opened only with the greatest precautions, once in the morning and once in the afternoon, except in summer, when they might be open all day if the weather were not too hot. They were never to be opened in the evening or night air, because this was even more dangerous than draughts. Ventilation must come from the next room, where the windows might at intervals be opened, or from openings in the wall. Following this come many

[1] Salzwedel, *Handbuch der Krankenpflege*, p. 18.

[2] *Anleitung zur Krankenwartung:* Dr. Z. F. Dieffenbach, Berlin, 1832.

directions for deodorising the sick-room. After stating that no smell at all is best for a sick-room, the author recognises the fact there are always so many bad smells that it is best to counteract them by burning vinegar or herbs or lime in the room. Bathing a patient in bed seems to have been an unknown art. A bath meant a tub, and patients who could not get up were to have their hands and faces washed, and their mouths rinsed. The directions to the nurse for preparing for a major operation occupy one small page. Many procedures are described in a way suitable only for medical students, and the writer evidently had no conception of how to teach nurses. He has filled pages with bitter complaints of the good-for-nothings who are in hospital service, their ignorance, neglect of orders, and general unreliability, and pours especial scorn on "old women," of whom he cannot say enough that is crushing. (It is significant that all these writers use, not the word "nurse," but "attendant.") It was through the efforts of Dr. Dieffenbach that the most important secular school for attendants (it was not called a school of nursing) in Germany was opened in 1832, at the Charité Hospital. This attempt to improve the "attendants," both men and women (*Wärter* and *Wärterinnen*), prescribed a two or three months' course of study, given by the physicians, after which a certificate was accorded. As there was an old Prussian law relating to the bestowal of these

certificates or testimonials, this may be looked upon as the earliest example, in modern states at least, of the recognition of a legal status for nurses.[1] But, in view of the facts that there was no oversight except by the lay under-officials (all men—stewards, clerks, etc.) who delighted in bullying the nurses; that there was no woman head to protect them, and no plan of practical teaching in handling the patient; that the sleeping accommodations were miserable, the food was poor, the hours of work were inhuman, the pay was small, and there was no opportunity for advancement, these lay courses in state hospitals utterly failed to attract a superior class either of men or women, whereas the schools of the deaconesses, now about to open, succeeded in drawing hundreds into their service.

The primary stimulus to the nursing reform work of the nineteenth century was the object lesson given by the splendid activity of the women of Germany in the "War of Freedom," or Napoleonic war of 1813. The work of the women's societies formed at this time for relief, for nursing, and for helping the families of the soldiers, so impressed a young pastor of Bislich, Johann Klönne, that he wrote in 1820, in pamphlet form, an earnest appeal entitled, "A Plea for the Revival

[1] Besides the interne students, a class of externes was also admitted to lectures on payment of a small fee, and such externes usually stood in line for vacancies occurring in the ward staffs.

of the Ancient Deaconesses in our Women's Societies." He was enthusiastic over the possibilities that he saw in the utilisation of this force for the service of the Church and tried hard to gain support for his ideas. He sent his pamphlet to the prime minister of Prussia, and to the Princess Marianne, who had taken an active and prominent part in the women's societies in war times. He also took it to Bishop Eylert in 1824, but, although he met with sympathy, he found no one to carry out his ideas. The Princess Marianne thought free or voluntary work more promising than communistic labours, and also thought it would be impossible to combine the work of a deaconess with marriage. Pastor Klönne was extremely impractical in his ideas for carrying out his views. He had no notion of the importance of training, nor did he plan for a life calling, but thought that the women of the parish could take turns in conducting children's homes, nursing in hospitals, etc. Baron Von Stein, in writing of pastor Klönne's proposal, said:

In visiting the institutions of the Sisters of Charity I was exceedingly struck by the expression of inward peace, repose, self-denial, and innocent sprightliness of the Sisters and by their kind and benign treatment of the sick intrusted to their care. To such sights a pitiful contrast is offered by the expression of discontent, in young women of the upper and middle classes not obliged to earn their bread by the work of their hands, fretted by ungratified vanity, mortified

by neglect, who on account of pretensions, disregarded in a thousand forms, and on account of their idleness, are conscious of an emptiness and bitterness in their lives which make them unhappy themselves and burdensome to others.

Nothing came of Klönne's writings, and the next attempt—made by Count Adelbert von der Recke Vollmerstein,[1]—was no more successful. In 1835, he wrote: "Twenty years ago I felt the need of deaconesses in our church, and spoke of it frequently." In the same year (1835) he started a periodical called *The Deaconess, or Life and Work of the Handmaidens of the Church in Doctrine, Education, and Nursing.* Only one issue appeared, and it seems not unlikely that its title may have killed it, even though that was the day of long titles. His ideas tended to an excess as much as those of Klönne did to a lack of organisation. His plan was strictly churchly, and provided for abbesses, archdeaconesses, and deaconesses.

[1] Count von der Recke, who had established a reformatory for girls, actually made a beginning in the deaconess movement. A report written by him in a Düsseldorf paper in 1835 ran as follows: "We could not resist the wish to establish a deaconess in our reformatory and to call this most important activity into being here according to our cherished plans. The first deaconess who undertook our work was endowed with worldly goods and a wealth of loving zeal." Following her came three others, but a serious illness prostrated Count von der Recke, and put an end to his work. Later, with the opening of Kaiserswerth, he felt that the work was in the best hands. (Schäfer, vol. i., p. 299, from private sources.)

An evangelical hospital that supplied a training for nurses was actually started before the institution at Kaiserswerth, although it had no deaconesses. Johannes Gossner, pastor of a congregation in Berlin, in connection with several friends, had founded a Woman's Society for Nursing the Sick in 1833, having previously established a similar society for men. Finding that they needed a hospital in the care of their sick, they had rented a house for this purpose on July 9, 1836. Later a proper hospital was built and named after Queen Elizabeth of Prussia. This society did nursing in the hospital and in private houses; the services were all entirely free, and soup was provided for from ten to fifteen thousand patients annually. Pastor Gossner[1] was not in favour of the title "deaconess," but preferred the word "Pflegerin" (nurse). His training was after the pattern of that of the Sisters of Mercy, and he wrote a tract entitled *How Must Christian Nurses or Evangelical Sisters of Mercy be Constituted?* His nurses wore a uniform, but the organisation was not stable, and after his death

[1] Gossner was a man of noble character, and some of his friends who loved him warmly contended that he and not Fliedner was the founder of the revived order of deaconesses, since he sent instructed nurses from the year 1835 into homes in Berlin and at a distance; that he could not develop his work very far, principally because he was not married, but that his ideas and conceptions were complete. The name deaconess, however, he disliked. Schäfer, vol. i., p. 307, quoting from local periodicals.

a Motherhouse for deaconesses was established in the Elizabeth Hospital.[1]

In the life and work of that remarkable woman Amalie Sieveking we now meet one of the most vigorous and sensible characters of her time. Born in Hamburg in 1794, of good family, well endowed with fortune, and highly educated, in her social circle Amalie Sieveking met all the intellectual people of the day, and thought and talked on all subjects imaginable. Even as a young girl she showed remarkable talent and energy in practical friendliness and altruism, and a marked power of influencing others. Herself only a girl she began teaching other young girls gratuitously for the pure love of it, and this occupation she continued throughout an exceedingly busy life. One of these pupils later enters prominently into our story. Amalie had a strong sense of humour, marked common-sense, shrewdness, and an unbounded courage in her opinions and actions. She was early stirred by reading a book called *Counsels of the Rev. Camp to his Daughters*, which excited her strongest dissent, and she rebelled against the doctrine that marriage was the only destiny of woman. She wrote, in her young womanhood, two books of *Commentaries on the Bible*, for which she was regarded with deep disapproval by all conservative persons, and in her letters she describes in a very

[1] Golder, *op. cit.*, pp. 83–84.

lively and caustic style the severe snubs she received on this account from theologians. She conceived an earnest desire to found an order of Protestant Sisters of Charity and to join it herself, and this wish dominated her mind for many years. She was strongly and genuinely pious and abhorred all shams and superficial conventionalities. Her first real public work was done in 1831, when, during an epidemic of cholera in Hamburg, she offered to serve in the pest-hospital. Her mother, her only living relative, was quite willing she should do this, but all of her friends thought it shocking; a "pose" for martyrdom, immodest, or in bad taste. In spite of these criticisms she went to the hospital and worked there for about two months, until the scourge subsided. Her letters from the hospital to her mother give an animated but most practical and sensible account of her experiences. There were only servant-nurses to help her, and she worked day and night, having at first charge of the women's wards, but soon after, at the doctor's request, assuming the oversight of the men's wards also. At first she was a little afraid that the personnel in the men's wards might not be willing to obey her, but the doctors reassured her, and gave the strictest orders that she was to be obeyed implicitly. She writes in a letter to her mother:

My work is varied and I cannot tell you all in detail. As to the night watching, I share it with the two

nurses and am but little wearied. If necessary I sleep for some time during the day, which is safer than neglecting the watch at night, or the rounds, which, as supervisor of the men's wards, I must make every two hours. In the morning I must see that all is in order for the doctors' visits; beds made, wards clean, etc. Three times a day with the physician, surgeon, and pharmacist I visit each patient. The doctor gives his orders—I must note especially those which concern the women. For the men I note what is ordered for nourishment and drink, and give the lists to the steward; moreover, I am responsible for written reports, the linen etc.

The physicians, who received her at first with doubt, though not with opposition, were soon grateful and appreciative. By her simple directness and tactfulness she avoided all possible friction with underlings, and went away beloved by all, the medical staff assembling upon her departure to read aloud a testimonial of admiration. This hospital experience led her to develop a plan for founding a society called "The Friends of the Poor," and this she proceeded to execute with energy, sound practical sense, and a thorough knowledge of human nature. Her purpose was that certain ladies should undertake a systematic visiting of poor families where there was sickness or distress, at least once a week or oftener, to help them in all ways, with the exception that no money was to be given outright. She found it hard to get the right kind of women. Those of

her own class held back and she tried middle-class women, but of her experience she says: "I thought at first that they would understand better the needs of the poor, but I am now certain that a wider culture contributes much to solidity of judgment." She also says:

A difficult point at first was the relation to the physicians. We had to depend on them to send us cases. Several promised to do so. One refused on the ground that our work would destroy the one good and fine thing left, which was the kindness showed by the poor to each other. Later he sent cases, but was made angry by one of the visitors having advised a homeopathic remedy to one of the patients; however, I promised him this should not happen again.

Another little tale she tells thus:

We were visiting a man who was nearly well, and I loaned him some books. The wife was also ill and had a nurse who presently told us that Dr. R. had confiscated the husband's books. I went to see the doctor and saw the books on his table, but talked about other things. Presently he said "What sort of books have you given those people?" "The books were for the convalescent, do you think they would hurt him?" "I have not read them, but I mistrust those blue pamphlets. They are all worthless." Presently he began recommending to me a most stupid book, *Moral Doctrine*, and I promised to carry it to the patient, preferring to yield on this point and have my hands free in a hundred others.

She carried on this work for the rest of her

life with untiring energy and ability. It extended, and the physicians all became its friends. The members of the society provided nourishment, appliances, chairs, beds, etc., in case of illness; found employment for the wage-earners, often providing employment for one in a needy family by service in another equally needy,—washing, helping, etc. They looked up new kinds of work for disabled persons: thus a carpenter, who had lost the use of his left arm from an abscess, was taught rope-slipper making, at which he became an adept and earned his living. Children with chronic diseases were taught and entertained, and as a development a children's hospital was built. Chronic patients were taken to drive and to church, read aloud to, etc. It was a real "Friendly Visiting" in a most practical way and from the point of helping the people to help themselves. This work absorbed her so that when pastor Fliedner first approached her, as he did at Christmas 1836, to ask her to take charge of the Kaiserswerth deaconess house, then just founded, she refused. The pastor's first wife was temporarily in charge. At this time, moreover, Amalie was busy with plans for improved dwellings for the poor. About 1839 she was offered the post of head of the women's department in the great City Hospital of Hamburg. This also she declined, but placed there Caroline Bertheau, who had been one of her dearest pupils, and who afterwards became Fliedner's second wife. Her housing

plans were worked out in a group of dwellings around an infirmary, called after her the Amalienstift. When, some years later, Fliedner came a second time to ask her to take charge of the new deaconess house in Berlin, she directed him to Caroline, who was still nursing in the hospital, and who, instead of accepting the position became his wife. The rest of Amalie's life was spent in perfecting the details of her various undertakings, her teaching, and in an extensive and unbroken correspondence and relationship with prominent philanthropists in Germany and the neighbouring countries, to whom her work was an inspiration. She died in 1859.

[1] *Denkwürdigkeiten aus dem Leben von Amalie Sieveking*, Hamburg, 1860. Authentic Memories with extracts from her diary and letters, by one of her friends, with a preface by Dr. Wichern.

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